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Draft country programme document**

Thailand

Summary

The draft country programme document for Thailand is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $5,000,000 from regular resources, subject to the availability of funds, and $22,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[*] *(2004 unless otherwise noted)*	
Child population (millions, under 18 years)	18.6
U5MR (per 1,000 live births)	21
Underweight (%, moderate and severe)	10
Maternal mortality ratio (per 100,000 live births)	33
Primary school attendance (% net, male/female)	87/84
Primary schoolchildren reaching grade 5 (%)	
Use of improved drinking water sources (%)	85
Adult HIV prevalence rate (%)	1.5
Child work (%, children 5-14 years old)	
GNI per capita (US$)	2 540
One-year-olds immunized against DPT3 (%)	98
One-year-olds immunized against measles (%)	96

[*] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Thailand is on track to achieve most of the Millennium Development Goals well before 2015. The percentage of the population living in poverty has dropped from over 30 per cent in 1990 to 11 per cent in 2004, and the proportion of underweight children has fallen by nearly half. Thailand's child mortality rate is now among the lowest in the region. Most children are in school, universal primary school enrolment is possible to achieve by the end of the decade, and annual new HIV infections have fallen by more than 80 per cent since 1991. Progress is also being made towards gender equality. In 2004 the Government adopted even more ambitious targets for 2015, called "Millennium Development Goals-Plus", that go well beyond those agreed internationally. Both Optional Protocols to the Convention on the Rights of the Child were acceded to in early 2006.

2. New opportunities and economic progress have not benefited everyone equally. Wide disparities in socio-economic status are seen, particularly for certain groups in the border provinces. The most vulnerable include ethnic minorities, migrants, displaced persons, the unregistered and some 6 million people living in poverty.

3. Almost all socio-economic indicators are worse for these groups than for the majority. Around 900,000 girls and boys either do not enrol in primary school or enrol at a late age. Several hundred thousand children are without birth registration or a nationality, their development hindered, their risk increased of being subjected to exploitation, abuse and violence.

4. Socio-economic stress and the breakdown of traditional family structures because of HIV/AIDS and internal migration have led to new social problems, including drug abuse, violence and suicide, homelessness, sexual and economic exploitation, and trafficking. More than 1 million children are estimated to be in need of special protection, including orphaned children, children with disabilities, children who live or work on the street, child labourers and some 500,000 children

affected by HIV/AIDS. Although traditional causes of child death have declined significantly, road traffic accidents are now a major killer of children and young people. Avian influenza is expected to become endemic and is an emerging contributor to childhood illness and death.

5. Thailand's wealth relative to its poorer neighbours has fuelled massive migration. Most of the estimated 1.5 million migrant families, many in Thailand unofficially, are among the poorest in the country. Some 140,000 refugees from Myanmar live along the Thai-Myanmar border, awaiting a political solution.

6. There are signs of a resurgence of HIV/AIDS. Transmission among young people is increasing and now accounts for most of the estimated 17,000 new infections each year. Information, skills and services for HIV/AIDS prevention, treatment and care are often inaccessible for the most vulnerable.

7. Flooding in the north and south, and drought in the agricultural north-east, are now annual events, which disproportionately affect the poor. The 2004 tsunami highlighted the challenges of ensuring children's rights in an emergency.

8. Thailand's Millennium Development Goals report, the National Plan of Action for Children and the UNICEF situation analysis all highlighted gaps and inconsistencies in data and information about children.

9. Under-implementation of national policies and plans at the subnational level is a major constraint to fulfilling the rights of disadvantaged children and women. The Government's ongoing decentralization process, which will assign 35 per cent of the national budget to the subdistrict level by 2007, is an opportunity to strengthen local capacities for children. Most vulnerable populations have different cultural or religious backgrounds, including language, which pose other challenges. In the far south, which has a large Muslim population, alternative approaches to social service delivery will be required.

10. Thailand is a middle-income country seeking to play a wider role in the region and beyond. As an emerging "donor of the south", Thailand is increasingly reaching out to other developing countries in support of human development and poverty reduction. In 2005, Thailand became the first country not a member of the Organization for Economic Cooperation and Development to produce a Millennium Development Goal 8 report outlining its contribution to the global partnership for development.

11. In its 2006 review of Thailand's Second Report, the Committee on the Rights of the Child commended the country's progress on children's rights but highlighted the need to do more to ensure the rights of the most vulnerable. The Committee also provided extensive recommendations on further strengthening child protection systems.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

12. UNICEF advocacy, as well as technical and financial support for policy development, contributed to a stronger enabling environment for children's rights. This resulted in the development and adoption of new policies and legislation: a first-ever Child Protection Act; a Cabinet resolution on provision of education for non-Thai children in Thailand and children without birth documentation; guidelines for juvenile justice; and a directive calling upon broadcast media to devote at least 15 per cent of prime-time programming to children's and family issues. As a result, former policy and legislative gaps have now largely been filled, resulting in greater legal protection for children.

13. UNICEF contributed to a heightened awareness of children's rights through extensive support for child rights awareness training for politicians, teachers, police, justice workers and young people. An annual Child-Friendly Media Award for reporting on children's rights has helped promote increased media coverage of children's issues and stronger media alliances in furthering the cause of children.

14. Broader alliances and partnerships for children were developed, especially with the private sector, the media and individuals. The Private Sector Development programme increased fundraising to over $2 million annually, or around two thirds of the country programme's other resources, and brought more than 100,000 individuals and 50 locally based private companies into the partnership promoting the well-being of children.

15. Improved understanding of the situation of children resulted from UNICEF support for studies, surveys and evaluations. An updated situation analysis of children and young people was carried out, together with a specific analysis in the southern Muslim-majority provinces that included a survey of 1,000 young people. The findings of a child injury study showed drowning and accidents as leading causes of death, resulting in renewed national action for public awareness on child safety.

16. UNICEF, in cooperation with the United Nations Development Programme (UNDP) and the United Nations Educational, Scientific and Cultural Organization (UNESCO), provided financial and technical assistance to the National Statistics Office to conduct Thailand's first-ever national multiple indicator cluster survey (MICS) and to adopt *DevInfo* as the tool for tracking the situation of children in all 75 provinces. The MICS provided provincially disaggregated information for further advocacy on reducing disparities. UNICEF also collaborated with UNDP in the preparation of national and provincial Millennium Development Goal reports.

17. UNICEF provided technical and financial support to increasing child and youth participation in policymaking, planning and in implementation. More than 12,000 children and young people participated in the development of the National Plan of Action for Children, more than 10,000 young people have been involved in HIV/AIDS prevention and capacity-building, and young people have participated in media broadcasting in over half the country's provinces.

18. Through UNICEF technical and financial support, Thailand shared its best experiences in programming for children with other countries. More than 500 professionals from more than 20 countries have taken part in some 40 training courses and study visits. This has led to increased international and regional partnerships for children and application of Thailand's lessons learned in other countries. One example is the child-friendly schools initiative, which has expanded to the Lao People's Democratic Republic, Mongolia, Myanmar and Nepal.

Lessons learned

19. A key lesson emphasized in Thailand's Millennium Development Goals report, the common country assessment (CCA) and the situation analysis, is the need to ensure that essential data and information are available on the situation of children — especially the most vulnerable children — for policymaking, programming and more effective advocacy. UNICEF has addressed this, together with UNDP, through renewed partnership with the National Statistics Office. The 2004 mid-term review (MTR) concluded that analysis of social policies affecting children needs to be given much greater emphasis.

20. Another important lesson emphasized during annual reviews and the MTR was the need for a more systematic approach to building national capacities to ensure greater and more sustainable impact. The MTR called for increased awareness of children's rights and improved planning and action for children at the subdistrict level to take advantage of the devolution of authority and budgets through decentralization. There is also a need to shift from traditional training approaches to broader institutional development. Lessons learned from the tsunami emergency showed that emergency preparedness must also be improved.

21. The MTR concluded that although there have been many good community-based experiences, greater geographic convergence is needed in the most vulnerable provinces and districts for improved impact. In line with MTR conclusions, UNICEF adjusted its geographic focus to include the Thailand-Myanmar border provinces, the southern provinces bordering Malaysia and the tsunami-affected provinces.

The country programme, 2007-2011

Summary budget table*

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Child protection	1 050	4 900	5 950
Education	450	4 100	4 550
HIV/AIDS	700	5 050	5 750
Local capacity-building	500	1 100	1 600
Social policy analysis and monitoring the goals	1 100	3 200	4 300
Advocacy and social mobilization	750	3 900	4 650
Future cooperation entity	200	250	450
Cross-sectoral costs	250	0	250
Total	**5 000**	**22 500**	**27 500**

* Activities in tsunami-affected provinces in 2007 and 2008 will be funded from emergency resources.

Preparation process

22. Country programme preparation was based on the CCA and the situation analysis, both completed in 2005, the 2004 MTR, the United Nations Development Assistance Framework (UNDAF) and the United Nations Partnership Framework for Thailand (UNPAF). The UNPAF was finalized in March 2006 at a joint Government-United Nations Strategy Meeting, which also endorsed the proposed programme of cooperation. These took into consideration national priorities and development plans, especially progress towards the Millennium Development Goals and the Tenth National Socioeconomic Development Plan. The UNPAF and the proposed programme of cooperation also took into account the Concluding Observations of the Committee on the Rights of the Child and obligations under other treaty bodies. Consultations were held with relevant line Ministries and non-governmental organization (NGO) partners under the leadership of Thailand's International Development Cooperation Agency (TICA).

Goals, key results and strategies

23. The country programme's goal is to contribute to ensuring the rights of the most vulnerable while moving towards achievement of key Millennium Development Goals and Thailand's Millennium Development Goals-Plus targets so that, by 2011, (a) national laws and policies effectively respond to children's and women's rights; (b) systems for monitoring children's and women's rights are in place at all levels; (c) targeted programmes are implemented for the protection of vulnerable children, including those of ethnic minorities and from neighbouring countries; (d) HIV transmission among children and young people is reduced; (e) capacities at the subnational level for planning and action on children's rights are strengthened; (f) disaster preparedness and response is improved; and

(g) experiences and best practices in furthering children's rights are analysed, documented and shared with other countries through south-south cooperation.

24. The programme will have several main strategies, consistent with the UNPAF: (a) partnership with the Government, the United Nations country team, civil society, media and donors; (b) evidence-based advocacy and awareness-raising to leverage national resources for children and women; (c) technical assistance and capacity-building for law and policy development, standards-setting and monitoring; (d) building national capacities to monitor the evolving situation of children and to advocate for unfulfilled children's rights; (e) capacity-building for subnational authorities in planning and action for children; (f) strengthening the participation of children, young people and women, families and communities; and (g) improving access to information and behaviour-change communication.

25. Cross-cutting priorities will focus on reducing disparities, especially regarding child protection, education and HIV/AIDS. Emergency preparedness and response will be mainstreamed into all components of the programme. The programme will operate at three levels: (a) nationwide, for support to tracking the situation of children and for advocacy and fund-raising; (b) in 25 provinces, including provinces affected by the tsunami and those that have high disparities or children who are particularly vulnerable due to cross-border migration and border conflict; and (c) at the subregional level, where the programme will support cooperation with neighbouring countries through the operationalization of cross-border memorandums of understanding, for example, on the prevention of trafficking.

26. All programme components will converge in the 25 vulnerable provinces, where approaches will be documented and shared for advocacy and for informing future decision-making. Models will be demonstrated in several areas: (a) capacity-building, participatory planning, monitoring and service delivery for hard-to-reach children; (b) community-based protection for children; (c) child-friendly learning at home and in schools; (d) community-based care and support for children affected by HIV/AIDS; (e) positive family practices, including prevention of avian influenza; and (f) the participation of children and young people in local planning. Regular programme activities will be funded from regular and other resources, while activities in tsunami-affected provinces will be funded from emergency resources.

Relationship to national priorities and the UNDAF

27. The new country programme of cooperation supports the priorities of the Tenth National Economic and Social Development Plan, Thailand's Millennium Development Goals-Plus, and other national plans.

28. The UNDAF guided preparation of the proposed programme, which closely links with the following UNDAF outcomes: (a) increased access to and utilization of quality social services and protection, especially for vulnerable groups and in underserved areas; (b) the effective response of subnational administrations to people's rights in a participatory and transparent manner; (c) increased access to, and utilization of, comprehensive prevention, treatment, care and support services for HIV and AIDS; and (d) increased south-south cooperation that effectively delivers technical and financial support to other countries.

38. At the national level, the programme will support policy development and advocacy for universal prevention, care, support and treatment and for changes in awareness, understanding and attitudes. At the subnational level, the programme will develop effective models, establish standards and help encourage demand from beneficiaries in order to draw down resources and support policymaking. The programme will build capacities of interprovincial (regional) young people's networks.

39. Main partners include the Ministry of Public Health, the Ministry of Education, and the Ministry of Social Development and Human Security, as well as NGOs working individually or as part of HIV/AIDS networks. The UNPAF provides for a joint programme in HIV/AIDS, and the United Nations Theme Group on HIV/AIDS will provide the overall framework for coordination.

40. The **local capacity-building** programme aims to build capacities of local government, families and communities in child-friendly planning and action in the 25 priority provinces. It will develop model approaches to reduce disparities and fulfil the unfulfilled rights of vulnerable children and women and share lessons learned and best practices for wider application. It has several key results: (a) 25 vulnerable districts operate new approaches to planning and action for children's rights; (b) families practice positive behaviours for child development and protection, including child safety and the prevention of avian influenza; and (c) best practices are shared within Thailand and beyond through south-south cooperation.

41. The added value of this programme is the demonstration of coordinated multi-sectoral action for children and the identification of new approaches to reducing disparities. The *local capacities* project will build capacities of multi-disciplinary district and provincial teams involving local authorities, families and communities. It will leverage resources for children within subnational plans and ensure delivery of a package of essential services and information for the most vulnerable children and women. Key outcomes for children will be in HIV/AIDS, education, child protection, health and nutrition, and water, sanitation and hygiene.

42. The *technical cooperation among developing countries* project (TCDC) will support the sharing of Thailand's experiences and best practices in social development with neighbouring countries and beyond. Best practices will documented and shared in health and nutrition, HIV/AIDS, education, child rights, participatory planning and action, and other areas as they emerge from this subnational programme.

43. The Ministry of the Interior will be the main partner for the capacity-building project. Considering the high level of decentralization of this programme, local authorities will be key facilitators for implementation. The TCDC project will be managed by TICA, and benefit from close collaboration with UNDP, the United Nations Population Fund and the Japan International Cooperation Agency. A joint UNICEF-UNPAF programme on technical cooperation is envisaged.

44. The **social policy analysis and monitoring the goals** programme will focus on support to ensuring responsiveness to the situation of vulnerable children and women in national and provincial socio-economic planning. The programme will carry out social policy analysis and policy advocacy and support improved availability of data and information and strengthened national capacities for emergency response. The following are expected key results: (a) social policies are

analysed and their impact on children is known by policymakers and the public; (b) national and subnational systems involving government, civil society and children, are in place to monitor and evaluate the situation of children and women, especially the most vulnerable; and (c) vulnerable provinces have updated emergency preparedness and response plans that respond to the needs of children, young people and women.

45. The programme will support research institutions in the analysis of social policies for children, including studies on decentralization and migration. It will support Thailand Provincial Development Info (TPDInfo), the Thai version of *DevInfo*, for tracking key indicators. In vulnerable provinces and districts, it will carry out baseline and follow-up assessments to supplement routine information and evaluate overall progress. This information will be used to prepare annual or biannual national and provincial reports on the situation of children.

46. Main partners will be the National and Provincial Statistics Offices, the National Economic and Social Development Board and selected line Ministries. A joint programme with UNDP on monitoring progress towards the Millennium Development Goals-Plus targets is envisaged.

47. The programme will also support regular monitoring and evaluation through the integrated monitoring and evaluation plan and the updating of UNICEF emergency preparedness and response plans.

48. The **advocacy and social mobilization** programme, employing a mix of advocacy, social mobilization and media strategies, will promote widespread and sustained support for children's rights among the Government, civil society and the private sector. One aim will be to increase awareness of the UNICEF mission in Thailand among the public. Advocacy and information materials will be designed for use by the Future Cooperation Entity programme for local fund-raising. Quality corporate communication will include support for international media, National Committee's for UNICEF and donor missions. Nationally, the programme will have two key results: (a) local media regularly and ethically report on development challenges for children; and (b) 60 per cent of the public is familiar with UNICEF and its work in Thailand. In the 25 priority provinces, the expected key result is that families, communities and key decision makers are aware of children's rights and their implications for daily life and work.

49. The *advocacy and awareness-raising for rights and goals* project will support increased awareness of children's rights nationally, focusing on the 25 high-disparity provinces. The *child-friendly media mobilization* project will aim to make the local media a proactive partner in the realization of children's rights and promote improved media policies on children's programming. Technical and financial support will be provided for research on the current media environment for children and for child-rights training for journalists. Young people will be assisted in improving their media skills, and support will be given to policy development to institutionalize young people's participation in school and local media.

50. Main partners will be the relevant line ministries, NGOs, the media and other United Nations agencies.

51. The **future cooperation entity** programme will consolidate and increase local fund-raising and will also prepare and manage a transition plan for future UNICEF cooperation, with two key expected results: (a): during 2007-2011, $15 million is

raised locally as a contribution to other resources, and (b) by 2009, the future modalities for UNICEF cooperation in Thailand are defined and agreed, and by 2011 are partially in place and operational.

52. The *private sector leveraging resources* project will consolidate and expand individual and corporate partnerships contributing to funding for the proposed programme and for increasing awareness of children's rights. The project will help to increase awareness of the situation of children in developing countries and to pave the way for future financial contributions to UNICEF work in those countries. The *future cooperation entity* project will proactively define and plan the future presence of UNICEF in the country. As a middle-income country, Thailand is requesting a different type of development partnership. This fact, together with expected future reductions in UNICEF regular resources allocations, will necessitate a different form of cooperation and UNICEF presence.

53. **Cross-sectoral costs**. These will cover implementation not attributable to individual programmes, including part of the cost of security equipment, operating costs and capacity-building of national and international UNICEF staff.

Major partnerships

54. The main programme partnerships are described above. The country programme will be implemented in close collaboration with other United Nations agencies, Government counterparts at all levels, and civil society, including the media and private sector companies, to support the UNPAF and progress towards Thailand's Millennium Development Goals-Plus.

55. UNICEF will maintain close contact with funding partners, including Governments and National Committees, to maximize resources and benefit from the partners' inputs into reviews and assessments. This work will include facilitation of donor visits. Special emphasis will be given to developing relationships with corporate and individual donors in Thailand to leverage their financial and broader support for children's and women's rights.

Monitoring, evaluation and programme management

56. The country programme will be managed by the Ministry of Foreign Affairs/TICA. Programme components will be managed by the relevant Ministries: the Ministry of Social Development and Human Security (child protection); the Ministry of Education; the national HIV/AIDS authority; and the Ministry of the Interior (local capacity-building).

57. The Integrated Monitoring and Evaluation Plan will include mid-year and annual reviews with all partners, informed by field visits, evaluations and surveys, including an assessment of the local capacity-building strategy in 2009. Indicators of programme progress will be tracked in TPDInfo. The situation analysis of children and young people will be updated in 2009 in conjunction with an update of the CCA. A 2009 MTR, in conjunction with a review of the UNPAF, will guide programme adjustments up to 2011.

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Short-duration country programme document

Bhutan

Summary

The short-duration country programme document for Bhutan is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $966,000 from regular resources, subject to the availability of funds, and $2,000,000 in other resources, subject to the availability of specific-purpose contributions, for 2007.

* E/ICEF/2006/10.

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Summary of the situation of children and women

1. Despite its late entry into the development community, Bhutan has made rapid progress in the last four decades that includes several major achievements: (a) the establishment of a formal education system in 1961, with steady progress made towards universal primary education; and (b) the establishment of a health care system in the early 1960s that has led to no cases of polio being reported since 1986, and to normal iodine status achieved in 2003, a significant improvement over 1983, when goitre prevalence was 64 per cent. Bhutan seeks to graduate from least-developed country status in 2008, as gross domestic product per capita ($970 in 2004) is expected to increase by 38 per cent following completion of a new hydroelectric plant. In 2008, the absolute monarchy in place since the early 1900s is expected to make progress towards a parliamentary democracy with a written constitution.

2. A small country with a population of under 1 million, Bhutan has limited partners in development, an absence of strong civil society organizations (CSOs) and no vibrant non-governmental organization (NGO) sector. UNICEF has been the country's major development partner for children and women, implementing national-scale programmes. The 2002-2006 country programme achieved several notable results: (a) the establishment of more than 100 community schools, which contributed to an increase in primary enrolment from 48,000 to 51,200 for boys and from 42,900 to 48,700 for girls, between 2002 and 2005 (with the girl: boy ratio improving from 89 per cent to 94 per cent); (b) the official declaration in 2003, by the International Council for the Control of Iodine Deficiency Disorders, that Bhutan was the first country in the region to eliminate iodine deficiency disorders; (c) the maintenance of measles coverage at over 85 per cent since 2002, and the introduction of rubella vaccination into the routine expanded programme on immunization (EPI), launched with a national measles-rubella campaign in 2006; (d) for schoolchildren and Non-Formal Education (NFE) learners, supplementation with a weekly iron-folate tablet since 2004-2005 to address the high anaemia prevalence uncovered in 2002; and (e) an increased focus on child protection issues after the National Commission for Women and Children (NCWC) became a fully functioning body in 2005.

3. Despite the gains described above, the remaining challenges for achieving the Millennium Development Goals include a lack of available and quality data. Nevertheless, existing data demonstrate that the desired progress on one indicator for Goal 4 (over 85 per cent of one-year-olds immunized against measles) has been achieved. The most recent data indicate infant and under-five mortality rates of 60.5 and 84 per 1,000 live births, respectively. No recent data for the maternal mortality ratio indicator for Goal 5 exist; the latest figure is 255 per 100,000 live births. Progress has been made towards the target of achieving 100 per cent skilled birth attendance, which rose from 24 per cent in 2000 to 56 per cent in 2003 (all data above are from a 1999 National Health Survey). The most recent data showing that the proportion of underweight children under five was halved, an indicator for Goal 1, is also from 1999, suggesting that the target was achieved before the start of the current country programme.

4. While HIV prevalence is most likely under 0.1 per cent, low condom use and high-risk attitudes about sexual activity, among other factors, suggest that prevalence could soon rise steeply. Regarding Goal 2, no recent data exist on the

primary net enrolment rate, which in 2002 was 64 per cent for boys and 56 per cent for girls. However, evidence points to advances made in the percentage of pupils starting grade 1 who complete grades 5 (which rose from 91 per cent to 94 per cent) and for grade 7 (which rose from 81 per cent to 86 per cent) between 2000 and 2004. Without a policy on compulsory basic education, achievement of universal primary education will remain a challenge. Many children are also still subject to corporal punishment, though the practice is banned in schools. Although data on child protection are limited, evidence is growing of violations against children, such as an increase in reported sexual abuse cases. At least 25 per cent of children 10-14 years old are working, mainly helping parents with agriculture in rural areas and working in shops, restaurants and hotels or vending on the street in urban areas.

5. The first-ever census in Bhutan in 2006 will help to address a lack of data related to the achievement of the Millennium Development Goals and *A World Fit for Children* targets, as will the country's first-ever multiple indicator cluster survey (MICS), to be conducted in 2006.

The country programme, 2007

Summary budget table

	(In thousands of United States dollars)		
	Regular resources	*Other resources*	*Total*
Health and nutrition	300	700	1 000
Basic education	250	750	1 000
Water, sanitation and health promotion	140	300	440
Protection, advocacy and planning	176	200	376
Cross-sectoral costs	100	50	150
Total	**966**	**2 000**	**2 966**

6. **Reason for the one-year extension**. The Government requested the United Nations agencies to postpone the new United Nations Development Assistance Framework (UNDAF) by one year to better align planning cycles. A new UNDAF will be developed in 2006 for 2008-2012, and the 2008-2012 country programme document will be presented to the Executive Board in June 2007.

7. **Goals, key results and strategies**. The country programme goal remains the progressive realization of the rights of all children, based on the principles of the Convention on the Rights of the Child, especially non-discrimination, universality, indivisibility, participation and the promotion of the greater accountability of stakeholders. During the 2004 mid-term review (MTR) of the 2002-2006 country programme, a comprehensive programme evaluation and reformulation included the development of results matrices, streamlined programme areas and better defined results to be achieved. The one-year extension programme will concentrate on consolidating gains made in the previous programme and on improving the situation of children and women in line with the MTR. This will be done by achieving the unrealized results of the 2002-2006 country programme, by raising targets and expanding programmes to unreached areas, and by identifying and addressing gaps

in needs and coverage, thereby contributing to progress towards targets of the UNICEF medium-term strategic plan (MTSP) and the Millennium Development Goals.

8. Given the small population size, programmes will continue to be implemented on a national scale, using a mix of strategies: (a) advocacy; (b) support to policy development; (c) capacity-building; (d) supply provision; (e) community-based approaches; and (f) limited service delivery. The strategies are aimed at addressing the needs of children using the life-cycle approach. Capacity-building at district and community levels will continue to focus on village health workers, non-formal and formal school teachers, water caretakers and religious practitioners, and will include building skills in behaviour-change communication. The training of stakeholders will include HIV/AIDS education messages and child rights. Support to basic service delivery will continue in various sectors, focusing especially on remote and marginalized populations.

9. **Relationship to national priorities and UNDAF**. The former country programme for 2002-2006 was drafted in 2001, before the Government's Ninth Five-Year Plan (2002-2007). To improve alignment between the country programme and the Five-Year Plan, the Government fully participated in the programme evaluation and reformulation done at the 2004 MTR, which has also guided the formulation of this bridging programme. The next country programme and UNDAF, both for 2008-2012, will be much more closely aligned. Strategic formulations for the country programme will be made in 2007, in line with priorities identified through the Situation Analysis and the Common Country Assessment/UNDAF process.

10. **Relationship to international priorities**. In support of the Millennium Development Goals, the country programme will directly contribute to universal primary education (Goal 2), reduced child mortality (Goal 4), improved maternal health (Goal 5) and gender equality (Goal 3), while indirectly impacting other Goals. The goals of *A World Fit for Children*, specifically "educate every child", "care for every child" and "protect children from harm and exploitation", have been reflected in the expected results and related strategies. Relevant aspects of the Convention on the Rights of the Child have also been directly incorporated through the partnership with NCWC and planned progress towards increasing the minimum age of criminal responsibility and establishing a juvenile justice system.

Programme components

11. **Basic education programme**. In line with focus area 2 of the MTSP, as well as the projects, strategies and results recommended in the 2004 MTR, the programme will continue to support the Government in working towards universal access to quality primary education and literacy. Given the lack of data, it is not possible to ascertain whether the targets of the 2002-2006 country programme have been met. Although the increase in the numbers of students in primary and NFE classes is known, the expected gains in primary NER (raising boys' enrolment from 64 per cent to 80 per cent and that of girls from 56 per cent to 80 per cent) and female literacy (from 25 per cent to 50 per cent) by end-2006 will be gauged only after the 2005 census is published. If not achieved by 2006, the goal is to have these targets achieved by end-2007. Projects and strategies in education will remain aligned with the 2004 MTR.

12. The one-year extension will contribute to the following key results: (a) advocacy on compulsory basic education undertaken; (b) the number of girls and boys in primary classes increased by 1,500 and 800, respectively; (c) 15 existing community schools expanded to enrol more students; (d) the number of schools implementing a child-friendly action plan increased from 0 to 5; (e) advocacy undertaken for inclusion of the life skills-based approach to education linked with the enhancement of protection factors and reduction of risk factors within the child-friendly school project; and (f) the number of females and males in NFE classes increased by 1,200 and 500, respectively.

13. Results attained in 2007 will feed into the next country programme by increasing the availability of primary-level classrooms and improving education quality through the establishment of the first child-friendly schools. The results will help to pave the way for further expansion in these areas and for progress in achieving universal primary education.

14. **Health and nutrition programme**. In line with MTSP focus area 1, as well as the 2004 MTR, efforts will be made to consolidate progress in reducing maternal and neonatal mortality and iron-deficiency anaemia, and progress in EPI. Since the 2002-2006 country programme achieved its planned results of maintaining immunization and iron supplementation coverage at above 85 per cent, the bridging programme will continue the programme's same strategies, activities and partnerships to maintain the results. The 2002-2006 country programme will most likely not meet its goal of achieving 50-per-cent institutional birth delivery by end-2006. Therefore, to support the Government's new policy of 100-per-cent institutional birth delivery, activities in line with the 2004 MTR report will continue in 2007 to help meet this unrealized goal.

15. The one-year extension will support the following key results and activities: (a) the percentage of expected births delivered at institutions increased from 25 (in 2004) to 35; (b) reported cases of measles, rubella, maternal and neonatal tetanus, and polio maintained at under 10, under 10, 0 and 0, respectively, and measles-rubella coverage maintained at over 85 per cent; and (c) the 100-per-cent coverage of schoolchildren and NFE learners with a weekly iron-folate tablet maintained. Long-term funding will be sought for the development and implementation of a project on doubly fortified salt (with iodine and iron) to address the problem of anaemia in a more sustainable manner, eventually eliminating the need for mass iron supplementation. If funding is secured, the project will be a major activity of the next country programme. Results achieved in maternal and neonatal health, EPI and nutrition in 2007 will lay the groundwork for further progress in these areas and for reductions in infant, under-five and maternal mortality.

16. **Water, sanitation, and health promotion programme**. The one-year extension will continue to focus on the achievement of universal access to water and sanitation facilities as well as health and hygiene promotion activities at all primary and community schools and religious institutions where children reside. The goal of 100-per-cent coverage at primary and community schools by end-2006 will not be attained. Although data are not complete, they indicate that in 2005, 54 community and primary schools lacked water supply and 10 lacked sanitation facilities. The goal for end-2007 will be to equip 20 previously underserved community and primary schools with an improved water source, and 5 schools with separate

sanitation facilities. If more underserved primary and community schools are identified, the target may change and further fund-raising may be undertaken. In addition, efforts will be made to extend the water, sanitation and hygiene strategy to selected monastic institutions housing children.

17. Results achieved in 2007 will support the next country programme by establishing a base for the attainment of adequate ratios of students-per-latrine and students-per-tap point in all primary and community schools.

18. **Protection, advocacy and planning programme**. In line with MTSP focus area 4, the 2007 programme will continue to concentrate on scaling up child rights promotion and protection activities through the NCWC and its partners, such as the Royal Bhutan Police and the Judiciary. The 2004 MTR identified two expected results in this programme area: (a) submission of a second report to the Committee on the Rights of the Child; and (b) the establishment and functioning of the NCWC. The first result is being finalized and the second is already achieved. Additional progress in this programme area will include, in 2006, drafting national guidelines for child- and women-friendly police and judicial procedures, with efforts expanded for this and related efforts in 2007.

19. The 2007 programme will contribute to these expected results: (a) national guidelines for child- and women-friendly police and judicial procedures endorsed; (b) a children and women's desk established at all district police stations; (c) all children and women at the Thimphu detention centre receiving child- and women-friendly services in line with the national guidelines; and (d) the minimum age of criminal responsibility increased from 10 to 13. In addition, in 2007, all children and women in Thimphu will have access to the first-ever counselling services geared specifically to children and women.

20. Results achieved and partnerships strengthened in 2007 will pave the way for the national implementation of the revised police and judicial procedures and further improvements in juvenile justice and the protection of children.

Major partnerships

21. Since CSOs are virtually absent and the NGO sector is in its infancy, the Government will remain the dominant implementing partner during the one-year extension. Progress towards strengthening CSOs is expected once the democratic system is in place in 2008. However, UNICEF will continue its collaboration with the three NGOs related to children and women, namely, the Youth Development Fund; Respect, Empower, Nurture, Women (RENEW); and the Council of Women. At present, Bhutan has no sector-wide approach, and sector coordination mechanisms are yet to be established. The Government's Five-Year Plan is its poverty reduction strategy and country action plan for *A World Fit for Children*. In 2007, UNICEF will continue to strengthen partnerships with the World Food Programme (WFP), the United Nations Population Fund, the World Health Organization, the World Bank and the United Nations Development Programme. The memorandum of understanding with WFP will continue.

Monitoring, evaluation and programme management

22. Central to improving monitoring and programme management will be the continued strengthening of data collection, monitoring and evaluation, using international standards. Joint Government-UNICEF quarterly review and planning meetings, introduced in 2005 and coordinated by the Government, are expected in to expand in 2007 to include other United Nations agencies. Joint field trips with the Government will also continue, their findings factored into programmatic decisions. *DevInfo* (*DrukInfo* in Bhutan), will remain as the common database for monitoring the development goals of the Government, UNICEF and other United Nations agencies. It is anticipated that the 2006 MICS will promote the use of international standards to measure progress on the Millennium Development Goals and key childhood indicators. The MICS process will also help the Government and local counterparts to build their capacity to undertake high-quality surveys using international standards. The MICS is expected to benefit from a master sampling frame, to be created in 2006 from the 2005 National Census data, which will help to improve the quality of household surveys in the next few years. The census data will also ease Bhutan's constraint of lacking accurate and agreed-upon denominator data for reporting on international indicators and improving programme planning.

23. Under the initiative of the UNICEF regional office, the major evaluation planned for 2007 will cover maternal and neonatal mortality reduction strategies. Other studies and evaluations will be carried out as determined in the annual Integrated Monitoring and Evaluation Plan.

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Short-duration country programme document

Nepal

Summary

The short-duration country programme document for Nepal is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $5,250,000 from regular resources, subject to the availability of funds, and $13,700,000 in other resources, subject to the availability of specific-purpose contributions, for the year 2007.

* E/ICEF/2006/10.

06-32449 (E) 050506

The situation of children and women

1. Nepal's Millennium Development Goals progress report (2005) estimates that the country is unlikely to reach the goals for universal primary education and for halting HIV/AIDS, but is likely to do so for reducing poverty, child mortality, tuberculosis and increasing access to safe drinking water. The goals for hunger, gender and equality, and maternal health would require additional and very substantial efforts. The civil conflict continues to affect children, arguably more than any other group. School closures, abductions and conflict-induced insecurity and violence affect school attendance and dropout rates. In 2005, Nepal ranked tenth in terms of new civilian casualties of victim-activated explosions, and second in terms of the proportion of children among those victims. The conflict is taking a heavy toll on the availability and quality of services. Consequently, progress towards the achievement of the Millennium Development Goals is likely to be jeopardized in the absence of an early resolution.

2. Meanwhile, the infant and under-five mortality rates have continued to decline, from 72 and 100 per 1,000 live births, respectively, in 2000, to 59 and 76 in 2004. Reduction in neonatal mortality has lagged behind and, consequently, has increased as a percentage of infant mortality. In 2004, 80 per cent of infants received three doses of combined diphtheria-pertussis-tetanus (DPT3) vaccine, while measles, vitamin A and de-worming coverage exceeded 95 per cent in 2005. Maternal and neonatal tetanus elimination was validated by end-2005, following a campaign conducted between 2000 and 2004. In 2005, primary school gross enrolment was reported to be 148, up from 125 per cent in 2004 as a result of social mobilization. Nevertheless, it is estimated that schools in some conflict-affected areas are closed for up to a third of the school year.

3. The use by the insurgents of children as soldiers is a growing concern, but hard data are not yet available. Many children are moving out of conflict-affected areas into urban centres, both in Nepal and in India, where a less robust family environment can lead to higher risk of exploitation. The adult HIV/AIDS prevalence estimate for 2005 remains at 0.5 per cent, but conceals growing concentrated subnational epidemics among high-risk groups and masks a lack of epidemiological data.

The country programme, 2007

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Decentralized action for children and women	2 775	5 500	8 275
Nutrition and care	60	800	860
Health	500	2 530	3 030
Children's and women's environment	320	850	1 170
Education	280	2 700	2 980
Child protection	225	950	1 175
Communication, advocacy and participation	190	220	410
Cross-sectoral costs	900	150	1 050
Total	**5 250**	**13 700**	**18 950**

4. The challenging development environment caused by the increasing level of insurgency prompted, in early 2005, the postponement of the preparation of the Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) by one year. As a result, the United Nations Development Programme, the United Nations Population Fund, UNICEF and the World Food Programme (WFP) proceeded with the preparation of one-year extensions of their current country programmes, which were already harmonized.

5. In line with the recommendations adopted at the midterm review (MTR) in 2004, the country programme will continue to pursue reduction of human poverty in line with the Government's Tenth Five-Year Plan/Poverty Reduction Strategy Paper, the UNDAF and the Millennium Development Goals. It was also agreed that, for reaching the most disadvantaged populations, flexibility is key to adapting implementation modalities to a changing context, particularly against the background of the insurgency. All focus areas of the UNICEF medium-term strategic plan for 2006-2009 are addressed in this short-duration programme. Greater emphasis will be placed on reaching conflict-affected children, including those who have moved to urban areas, and on emergency preparedness, particularly for a possible earthquake in Kathmandu Valley and pandemic influenza preparedness. Under the leadership of the United Nations Office for the Coordination of Humanitarian Affairs, the United Nations system in Nepal will continue to strengthen both its national and subnational capacity for emergency preparedness and response.

6. By the end of 2006, the country programme is expected to have achieved most of its objectives in health (including HIV/AIDS), nutrition, education, protection and early childhood development. In water and sanitation, a serious shortfall must be noted, which is largely due to unrealistic target-setting. This sector has also most strongly felt capacity constraints as a result of restrictions in movement of Government technicians due to the conflict. Overall, the country programme will slightly underperform in terms of the geographic areas covered. An important

constraint has been the difficulty of making village planning and implementation structures sustainable. Since 2006, a more sustainable approach based on women's federations is being emphasized. A new community-based methodology for targeting disadvantaged groups was also introduced in 15 districts. In 2007, these new approaches will be more widely applied while the programme expands its coverage.

7. In 2007, the programme structure will be the same as it has been since the MTR, except that child protection will become a separate programme reflecting the need to expand the scope of intervention areas, partially as a result of the conflict. The Decentralized Action for Children and Women (DACAW) programme will continue its focus on 23 districts.

8. In 2007, parenting orientation will reach 40 per cent of caregivers, and 50 per cent of children 3-5 years old will be enrolled in early childhood development centres in 15 DACAW districts. The percentage of underweight children under three years old in programme areas will be reduced to 15 per cent, from 17 per cent in 2005. In 2007, the programme will ensure that Female Community Health Volunteers will effectively implement interventions to reduce micronutrient deficiencies in four additional districts, covering a total of 15 districts. Monitoring and logistics support will also be provided to maintain high national coverage of vitamin A supplementation and de-worming, which save at least 12,000 lives annually.

9. The community-based Integrated Management of Childhood Illness programme will ensure early detection and treatment of pneumonia in five additional districts. In collaboration with the United States Agency for International Development and Plan International, UNICEF will introduce zinc supplementation and low-osmolar oral rehydration salts for diarrhoea treatment by community health workers. The "reaching every district" strategy will be expanded to ensure DPT3 and measles coverage of at least 80 per cent in 60 out of 75 districts by the end of 2007. The MTR identified the need to address neonatal health, and this is reflected in a joint effort with the United Kingdom Department for International Development to improve the quality and coverage of antenatal and post-natal care, skilled attendance and emergency obstetric and newborn care services in eight districts. By the end of 2007, the number of tertiary facilities offering comprehensive prevention of mother-to-child transmission "plus" will have increased from six to nine. All women and children identified as HIV positive in these nine centres will be receiving antiretroviral treatment.

10. The children's and women's environment programme will improve hygiene and sanitation in at least 100 primary schools, benefiting 30,000 children and their families. Using the Public-Private Partnership approach in the Hand Washing with Soap initiative will contribute to an increase of 10 per cent in the number of households (80,000 people) washing with soap after defecation in four pilot districts. Access to safe drinking water will be created for over 8,000 deprived households, particularly in conflict-affected districts. In collaboration with the Asian Development Bank, the World Bank and WaterAid, UNICEF will continue to assist the Government in developing a district management information system for monitoring the Millennium Development Goals in water and sanitation. The programme will lead the preparation of a multi-agency water and sanitation disaster preparedness and response plan for Kathmandu Valley.

11. The education programme will continue its support to the highly successful "Welcome to School" campaigns, emphasizing quality aspects. The Schools as Zones of Peace initiative, successfully piloted in one district, will be expanded to at least 75 per cent of the primary schools in two additional districts. The alternative education programme will focus on conflict-affected children in both rural and urban areas. The life skills-based education curriculum, which also aims to prevent HIV/AIDS among young people, will be integrated into the national teacher training package.

12. The child protection programme will further expand the system of paralegal committees in 23 districts to carry out preventive action, protecting an additional 280,000 children and women against violence and abuse. By end-2007, at least three major urban municipalities will have developed specific programmes to improve social protection of at-risk urban working children above 14 years of age. In partnership with the International Labour Organization and the Asian Development Bank, a better system will be developed to assist children without primary caregivers and to improve the juvenile justice system. In close collaboration with the United Nations country team, a national mechanism for monitoring the six core violations mentioned in Security Council Resolution 1612 (2005) on children affected by armed conflict will be in place by the end of 2007. New interventions will be developed to reduce and prevent accidents caused by improvised explosive devices, mines and unexploded ordnance.

13. The communication, advocacy and participation programme will continue to engage in radio peer-communication between young people, particularly around the prevention of HIV/AIDS.

14. UNICEF will continue to work closely with United Nations agencies, bilateral donors, international non-governmental organizations and Nepalese civil society, and will remain a key partner in the coordinated United Nations response on HIV/AIDS, in support of updated National Strategic Plan on HIV/AIDS 2007-2011. In 2006, UNICEF and WFP started implementation of a joint programme to reach the most disadvantaged populations in nine remote districts. This collaboration will be strengthened in 2007. Closer working modalities with the Poverty Alleviation Fund in DACAW districts should begin to have impact in 2007. In 2006, UNICEF started negotiations with the Government for accession to the Joint Funding Agreement, joining other major Education for All partners in pooling part of its resources for education.

15. Collaboration with United Nations agencies, including joint field trips and coordinated efforts to build national capacity, will be strengthened in monitoring and evaluation. No major evaluations will take place in 2007, since they were planned for 2006 to provide input for the preparation of the CCA/UNDAF for 2008-2012. The programme management structure of UNICEF Nepal will be revised in the light of staff security and programme affordability.

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Short-duration country programme document

Sri Lanka

Summary

The short-duration country programme document for Sri Lanka is presented to the Executive Board for discussion and approval. The Board is requested to approve the aggregate indicative budget of $0.8 million from regular resources, subject to the availability of funds, and $11 million in other resources, subject to the availability of specific-purpose contributions, for the year 2007.

The situation of children and women

1. The ceasefire agreement signed between the Government of Sri Lanka and the Liberation Tigers of Tamil Eelam (LTTE) in 2002 has brought a level of stability to the country. However, as of October 2005, a total of 339,224 of the internally displaced persons (IDPs) have not resettled. Recruitment of children into LTTE armed groups has continued. Reports of recruitment of 4,402 children since March 2002 are on UNICEF record, and a total of over 1,300 cases are yet to be resolved. Despite a continuously volatile situation, the absence of overt armed conflict has allowed the country to develop. Improvement in the overall development environment, however, was greatly disturbed by the tsunami, which caused more than 35,000 deaths. Nevertheless, Sri Lanka is set to achieve most of the Millennium Development Goals.

2. Achievement of targets on poverty and malnutrition remain a serious

* E/ICEF/2006/10.

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challenge. Basic indicators for Sri Lanka compare favourably with those of other developing countries. The infant mortality rate is 12.2 per 1,000 live births, under five mortality rate is 18.8 per 1,000 live births, and the maternal mortality ratio is estimated at 47 per 100,000 live births. Life expectancy is 71.7 years for males and 76.4 for females.

3. With the country's gross national income exceeding the threshold of $826 per capita, Sri Lanka is considered a lower-middle-income country. Yet, these figures obscure significant regional disparities and the fact that 22.7 per cent of the population is living below the official poverty line. An estimated 29.4 per cent of children are reported to be underweight, however, in selected deprived districts, average estimates are 37.4 per cent. The net primary enrolment rate is 96.4 per cent (with no significant gender-related differences). Again, there are vast disparities in education quality. According to Ministry of Education data, only 24 per cent of children in the conflict-affected North East achieve mastery level in their first language; the highest percentage, just over 50 per cent, is in the Western Province that houses the capital.

4. On average 82 per cent of the population, excluding the conflict-affected North Eastern Province, is estimated to have access to safe water, while in the most deprived province only 64 per cent has access. Similarly, even though an estimated 80 per cent of the population, on average, has access to safe sanitation, access is as low as 57 per cent in one district. Sri Lanka has a low HIV prevalence rate of less than 0.1 per cent; yet, given the social and economic risk factors, strengthening prevention interventions is paramount.

5. The current Government has shown its commitment to children by creating a new Ministry for Child Development and Women's Empowerment. The National Plan of Action for Children 2004-2008 continues to provide the framework for the Government's fund allocations. The overall challenge for 2007 will be to ensure that the sector for basic social services addresses disparity reduction and improves its efficiency and effectiveness.

The country programme, 2007

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Learning years	130	1 700	1 830
Early childhood	330	2 000	2 330
Water, sanitation and hygiene	0	3 500	3 500
Child protection	130	2 500	2 630
Planning, policy analysis, monitoring, evaluation and communication	130	200	330
Cross-sectoral costs	80	1 100	1 180
Total*	**800**	**11 000**	**11 800**

* An additional $70 million is expected to be available for the tsunami emergency response programme in 2007.

Reasons for the short-duration programme

6. The harmonized joint United Nations country programme cycle for Sri Lanka was expected to commence in 2007. However, after the tsunami in late 2004 diverted attention from the achievement of development targets for 2005-2006, the agencies of the United Nations Development Group Executive Committee delayed the start of the next joint country programme cycle to 2008. Thus, a bridging programme in 2007 was needed in the framework of an extended United Nations Development Assistance Framework (UNDAF).

Goals, key results, strategies

7. The 2007 UNICEF country programme aims at improving the lives of children and women in Sri Lanka in the common effort of achieving the targets of the Millennium Development Goals and *A World Fit for Children*, and within the framework of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Special emphasis will be given to enhancing the protection environment and infrastructure for children, reducing child malnutrition and neonatal mortality, improving the quality of education, making available preventive services for HIV/AIDS, and supporting conflict prevention and resettlement schemes for conflict-affected populations. A recent survey by UNHCR of IDP camps in conflict-affected districts has shown that availability of water and sanitation facilities is the most important factor in the decision of IDPs to resettle.

8. The country programme will align itself with the objectives of the National Plan of Action for Children 2004-2008, the Education Sector Development Framework (2006-2010) and the national Framework for Economic Growth and Poverty Reduction, and provide full support to the development and implementation

of a national nutrition policy. The country programme will also contribute to the UNDAF outcomes related to poverty reduction, supporting good governance and peace-building. Key strategies are to reduce disparities in the basic social service sector through capacity-building in underserved districts and to support the United Nations joint transition strategy for conflict-affected areas. Communication for behaviour change will be an essential strategy across all programmes, as will preparedness and capacity for emergency response in line with the UNICEF Core Commitments for Children in Emergencies. A gender equitable and human rights-based approach to programming will be adopted, and conflict sensitivity will be addressed, with a special emphasis placed on social cohesion initiatives.

9. In 2007, the UNICEF-supported tsunami recovery programme will cover 10 affected districts with an estimated budget of $70 million. The country programme will focus on an additional 7 districts where disparities are most evident. Under-age recruitment and reintegration-related activities, including commitments under Security Council Resolution 1612 (2005) will be implemented in all conflict-affected districts.

Programme components

10. The programme components have been framed within the context of the UNICEF medium-term strategic plan for 2006-2009. The key expected result of the **learning years programme** is an increased achievement of mastery level of key competencies by children in grade 4 in two areas: their first language, from 34 per cent to 44 per cent; and mathematics, from 33 per cent to 43 per cent. Key to achieving this result is to have in place school-based management plans, in line with the child-friendly school initiative, that define the individual needs of each school, and to link these plans to the overall resource allocation process of the Government. It is also crucial to strengthen the teacher-training system. A second expected programme result is the development of an action plan for ensuring that the estimated 5 per cent of children out of school resume their education. This programme will also focus on building the life skills of adolescents to avoid high-risk behaviours and will aim to ensure that at least 50 per cent of adolescents have correct information and relevant skills to reduce HIV risk behaviour.

11. The **early childhood programme** will aim to reduce malnutrition and neonatal mortality, achieving the following key results: (a) the proportion of pregnant women with obstetric complications who are treated in emergency obstetric care facilities increases to 75 per cent; (b) all facilities with emergency obstetric care services provide neonatal resuscitation and related emergency services; (c) the mean weight gain during pregnancy is increased by 1 kilogram of the baseline to be established; and (d) the growth faltering of children in the first two years of life is reduced by 15 per cent in selected areas of the 7 districts. The programme will also ensure that 100 per cent of women who test positive for HIV have access to comprehensive prevention of mother-to-child transmission "plus", and that 100 per cent of HIV-exposed infants have cotrimoxazole (an antibiotic) prophylaxis.

12. The **child protection programme** will aim to ensure that children are better protected from abuse, exploitation and neglect. It will contribute to these results: (a) key institutions providing care and protection for children are strengthened, and necessary legal frameworks are in place; (b) children and teachers in 300 schools have access to psychosocial materials and support services in conflict- affected

areas; (c) under-age recruitment is reduced to 0 cases, and all released children are reunited with their families and re-integrated into society; and (d) with the contribution of mine-risk education, the number of incidents related to mine and unexploded ordinance that occurred in 2006 is reduced by 15 per cent. The programme will also work towards comprehensive HIV prevention among the most vulnerable adolescents.

13. The **planning, policy analysis, monitoring, evaluation and communication programme** will ensure that the situation of children in Sri Lanka is considered by policy makers, legislators, donors, development stakeholders and the general public in policies and measures to reduce disparities and to improve the efficiency and effectiveness of the public social service sector in reducing poverty and malnutrition. This programme will focus on advocating for the fulfilment of child rights across sectoral programmes and on empowering stakeholders with the information and skills to change behaviour.

14. The **water, sanitation and hygiene programme** is an addition to the previous country programme, which included a small-scale water and sanitation component in the early childhood programme. The tsunami emergency response has required a full-scale water, sanitation and hygiene section. With this capacity in place, UNICEF Sri Lanka is able to support the provision of water, sanitation and hygiene interventions in areas outside the tsunami-affected districts and to contribute to resettlement of IDPs. In 2007, 4,000 IDPs and host community families will have community-based safe water and sanitation facilities and improved hygiene practices. It is expected that technical solutions introduced will serve as pilot projects for other environmentally vulnerable coastal areas in the country.

Major partnerships

15. Key partnerships will be with the World Bank for education; the World Food Programme and the World Bank for tackling malnutrition; the World Health Organization for reducing neonatal mortality; the World Bank, the Office of the United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration for improving the lives of IDPs; the United Nations Population Fund and UNHCR on sexual and gender-based violence; the United Nations Development Programme, the International Labour Organization and UNHCR on the 4 "Rs" (repatriation, reintegration, rehabilitation and reconstruction) approach; and Save the Children and other national and international non-governmental organizations, especially in child protection. Coordination on a strategic approach to HIV and AIDS in Sri Lanka is facilitated through the Joint United Nations Programme on HIV/AIDS Theme Group. The development of the UNDAF in 2007 is expected to open new horizons for additional partnerships.

Monitoring and evaluation

16. Monitoring of the country programme will be carried out through a field monitoring and reporting mechanisms developed following the mid-term review (MTR) recommendations. The integrated monitoring and evaluation plan will ensure that the means of verification for key outcome/impact indicators are in place. Further institutionalization and development of *DevInfo*, including the emergency module, will receive appropriate support. The country programme 2007 is acting on the recommendations of the 2004 MTR in focusing on reducing malnutrition and improving the quality of education.

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Draft country programme document**

Republic of Moldova

Summary

The draft country programme document for the Republic of Moldova is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $3,595,000 from regular resources, subject to the availability of funds, and $15,250,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[1] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	1.1
U5MR (per 1,000 live births)	28
Underweight (%, moderate and severe) (1996)	3
Maternal mortality ratio (per 100,000 live births) (2001)	44
Primary school enrolment (% net, male/female) (2000)	98/99[a]
Primary schoolchildren reaching grade 5 (%) (2000)	99
Use of improved drinking water sources (%) (2000)	92
Adult HIV prevalence rate (%) (2003)	0.2
Child work (%, children 5-14 years old)	28
GNI per capita (US$)	710
One-year-olds immunized against DPT3 (%)	98
One-year-olds immunized against measles (%)	96

[1] More comprehensive country data on children and women are available at www.unicef.org.
[a] Number of children attending primary or secondary school who are of official primary school age, expressed as a percentage of the total number of primary school age children.

The situation of children and women

1. Moldova is a small, landlocked country with a population of 4.2 million, that is ageing and mostly rural. There are 1.1 million children, 26 per cent of the population (down from 33 per cent in 1990). Over the last five years, Moldova has enjoyed political stability and has increased its commitment to European Union (EU) integration. Major public sector reforms were launched to accelerate economic growth, increase Government services, and promote social rights.

2. In 2004 an Economic Growth and Poverty Reduction Strategy Paper (EGPRSP) was finalized, and in 2005 a four-year agenda was adopted, consistent with the Millennium Development Goals and additional national goals set by the country. Moldova's pursuit of these goals is especially commendable, and it is encouraging that there has been progress in Goal 1 (extreme poverty). After years of slow transition, economic and living conditions have improved. Since 2000, real gross domestic product (GDP) has increased by 30 per cent, and poverty has declined by half. However, 26.5 per cent of Moldovans live in poverty.

3. The United Nations Common Country Assessment highlighted the fact that the country lags behind its neighbours in terms of well-being, equality and social inclusion. The latest household budget survey indicates that, despite fast economic growth, disparities hobble economic and social development and the achievement of Millennium Development Goal 2 (education), Goal 4 (child mortality) and Goal 6 (HIV/AIDS). There is inadequate information on the situation of children in Transnistria.

4. In the two last decades, rapid de-industrialization in smaller cities, erosion of production and purchasing power in rural areas, and some of the highest migration

rates of young and educated people in the world have resulted in large segments of society facing persistent and chronic poverty that effectively excludes them from services social protection, education, health and HIV/AIDS. Children living in rural areas and in smaller cities are particularly affected by exclusion. Even with the country's fast growth rate, it is estimated that it will take 17 years for this group of children to recover the 1989 living standards.

5. One of the most visible forms of deprivation is the increased number of children deprived of parental care. With 11,500 children in residential care institutions (87 per cent of whom have living parents), Moldova has one of the highest rates of such care in Central Europe. A full 5,500 of these children have disabilities. Nevertheless, living conditions in institutions have improved, and the Government is engaged in a de-institutionalization process, but progress is slow. At least one child aged 0-6 is abandoned each day, and one third of children are abandoned within the first four days of life. Children left by migrant parents are a growing national problem. According to the 2005 Moldova Demographic and Health Survey (MDHS), 31 per cent of all children aged 0-14 were left without one or both parents, compared with 16 per cent in 2000. Not enough is known about the living conditions of these children. Anecdotal information indicates that they are disproportionately likely to become victims of trafficking and school dropout; there are no services available at institutional or community levels to support them.

6. MDHS findings show the high vulnerability of children and women, with 7.3 per cent of girls aged 15-19 and 13.7 per cent of women aged 20-49 victims of physical violence. This violence is often a precursor of trafficking for commercial sexual exploitation. Between 2000 and 2005, the International Office for Migration identified and assisted 1,706 victims of trafficking of whom 10 per cent were children and 70 per cent were victims of family violence. Although juvenile justice reform has improved, children still constitute 2 per cent of the prison population, and pre-trial detention averages 10 months. In 2005, only 40 per cent of children in pre-trial detention received legal assistance.

7. Although the national response to HIV/AIDS is strengthening, with support from Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank, prevention, treatment and care are not commensurate with the rapid spread of HIV/AIDS. There are 2,471 known persons living with HIV/AIDS, but documented cases increased from 199 in 2002 to 533 in 2005. HIV/AIDS decreased among drug users in the last several years, while cases of sexual transmission in the general population rapidly increased (from 20 per cent in 2001 to 55 per cent in 2004). The situation of children affected by HIV/AIDS and the social impact on them is not well known. Recently, a national programme to combat HIV/AIDS in line with the EGPRSP was adopted. Moldova must prioritize prevention among children and vulnerable adolescents, and increase access to paediatric care and social assistance for HIV/AIDS-affected children.

8. The shift to a primary health care system supported by a new Compulsory Health Insurance is ensuring free-of-charge access to health services for pregnant women and children. Immunization coverage exceeds 95 per cent; antenatal care coverage is 99.5 per cent; and births attended by qualified staff are over 99.6 per cent. The consumption of iodized salt increased from 34 per cent in 2000 to 59.2 per cent in 2005. These achievements contributed to a decline between 2000 and 2005 in under-5 mortality from 19.2 to 15.3 per 1,000 live births. In the same period, the

maternal mortality ratio decreased from 27.1 to 23.2 per 100,000 live births. More efforts are needed to remove barriers in access to services for 50 per cent of the poorest families; to reduce the proportion of child deaths occurring at home, now at 25 per cent; and to reduce iron-deficiency anaemia affecting 30 per cent of children 6-24 months old.

9. During the transition period, Moldova maintained good education outcomes, except in pre-school education, in which only 35 per cent of rural children aged 3-7 enrol, compared with 57 of children in the same age group in urban areas. However, recent assessments show a 7.2 per cent drop in net enrolment from 2000 to 2005, concentrated in rural areas. With support from the Fast Track Initiative (FTI) and the World Bank, Moldova is pursuing reforms in access and quality, among others, for the education system, which must better meet the needs of disabled and excluded children.

10. Following the 2002 Concluding Observations of the Committee on the Rights of the Child, Moldova reduced child and maternal mortality, developed a comprehensive Strategy on Family and Child Protection, strengthened the legal and institutional framework in juvenile justice and trafficking, and developed the National Education for All Plan of Action. However, further efforts are required in de-institutionalization, eliminating violence against children, combating HIV/AIDS, reducing child injuries, improving basic education quality, and overcoming micronutrient deficiencies. The significant number of civil society organizations (CSOs) in Moldova need to be integrated into decision-making processes.

11. The national development framework and reform processes centre on the EGPRSP and the EU Moldova action plan. It is crucial that the resulting initiatives pay more attention to the needs of the most vulnerable children.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

12. The previous country programme focused on maternal and child health; child protection; and young people's health, development and participation. The mid-term review (MTR) indicated that the development and costing of the social assistance and Basic Benefit Package brought about free provision of essential health services to pregnant women and children and increased allocations to primary health care. The national Integrated Management of Childhood Illnesses strategy and the Perinatal Care Programme, developed with World Health Organization (WHO) collaboration, achieved nationwide coverage with the support of the Japan International Cooperation Agency, Swiss Agency for Development and Cooperation and the World Bank. Family education and counselling on child care practices were mainstreamed into the health system as a result of health providers' revised job description, training, and the development of supervision tools. These achievements were instrumental in reducing perinatal and child mortality.

13. The Government set up a National Council for the Protection of Children's Rights and a National Strategy on Family and Child Protection, and several norms, including a law on Preventing and Combating Trafficking in Human Beings and a

law on adoption, were developed. The country programme provided innovative social service models that went to scale, including maternal centres and day care centres for vulnerable children. The participatory approach in policy development and experience with alternative programme models contributed to strengthening the capacities of child protection professionals. Residential institutions for young children concentrated their efforts on prevention and de-institutionalization. Largely as a result, the number of newly institutionalized children under 7 decreased from 479 in 2000 to 354 in 2003, and the average length of stay in institutions was reduced from 20 to 10 months. These results were achieved with the support of the World Bank, the Swedish International Development Agency (Sida) and United Kingdom Department for International Development (DFID).

14. To promote youth health, development and participation, the Government adopted a National Youth Strategy and a plan of action, and developed relevant regulations. The Ministry of Education, Sport and Youth began extending two models of youth-friendly services through a network of 60 youth resource centres and 12 youth-friendly health centres. More than 25,000 adolescents, including 2,500 young counsellors covering 25 per cent of the country, are participating in decision-making processes and implementing projects through 250 local youth councils. More than 160,000 young people have benefited from peer education, and a life skills-based education curriculum was developed and implemented. These achievements, with support from the Global Fund, the World Bank and the Governments of Ireland, Netherlands and Sweden, enabled the Government to incorporate youth objectives into the EGPRSP.

Lessons learned

15. Knowledge generated by UNICEF-supported evaluations and studies was instrumental in policy reforms. The National Health Insurance Company used the results of the Basic Benefit Package costing study to increase allocations to primary health care by 42 per cent, contributing to improved health outcomes. This demonstrated that, even with limited resources and high poverty, appropriate strategies and resources can improve affordability and service access for people in poverty. Closer analysis showed, however, that benefits are still insufficient and not well targeted. National capacity needs to be improved in situation assessment and analysis of trends so that a larger proportion of resources can be directed to vulnerable groups.

16. Substantial improvements were made to the legal framework covering youth issues and concepts, and effective models were developed to combat HIV/AIDS among young people. With UNICEF support, Moldova established a dynamic network of youth non-governmental organizations (NGOs), including a wide peer educator system with thousands of members. However, the MTR indicated that the programme did not fully target vulnerable adolescents or prevention of vulnerability.

The country programme, 2007-2011

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Child protection	1 000	7 000	8 000
HIV/AIDS and vulnerable adolescents	600	3 600	4 200
Equitable access to quality services	700	3 700	4 400
Social policy and child rights	695	500	1 195
Cross-sectoral	600	450	1 050
Total	**3 595**	**15 250**	**18 845**

Preparation process

17. The country programme for 2007 to 20011 has been developed by the Government of Moldova and UNICEF based on the United Nations Development Assistance Framework (UNDAF), the Concluding Observations of the Committee on the Rights of the Child, and lessons learned. Consultations were carried out with NGOs and donors. During the February Joint Strategy Meeting, key outputs were discussed and appropriately revised in cooperation with other United Nations Agencies.

Goals, key results and strategies

18. Moldova is faced with a fragile economic growth that is still not benefiting disadvantaged children. The goal of the programme is to support the Government in further developing its planning, policy and programme capacity to ensure that public sector reforms and implementation of economic and social policies deliver outcomes for excluded children. Special emphasis will be placed on enabling the Government to assess needs and make reforms and investments in the social sectors, with the support of the EU, the World Bank and donors. Priorities will include, first, protecting children against violence, abuse, neglect and deprivation of a family environment; second, preventing HIV/AIDS particularly among vulnerable adolescents; and third, ensuring equitable access to quality services in early childhood and basic education for marginalized children.

19. The programme aims for several key results: (a) a decrease of 30 per cent in the number of institutionalized children; (b) a decrease of 50 per cent in the number of children in detention; (c) 80 per cent of vulnerable adolescents having access to quality information and services that reduce their vulnerability to HIV/AIDS; (d) the most vulnerable children made a priority in national efforts to address poverty and social exclusion; and (e) an increase of 20 per cent in the number of families applying positive care practices, focusing on vulnerable and underserved groups (rural and poor).

20. Programme strategies, including knowledge generation and quality assessments, will help the Government to further develop its capacity to address

disparities. Improved data systems and evidence-based practices will inform social policies and help to guide decision makers in mainstreaming good practices for the effective use of aid, including budgetary support for programmes benefiting the most disadvantaged children. Inter-Ministerial and intersectoral approaches will be encouraged as means to increase synergy between child protection, HIV/AIDS, and education activities, and to ensure the efficient delivery of social programmes for the most-at-risk and underserved children. Social mobilization and communication strategies will better enable the Government to systematically include the voices of disadvantaged children in policymaking.

21. Nationally, the programme will promote pro-poor policies in HIV/AIDS, health, micronutrients, and education. The Government is currently pursuing a decentralization strategy, and the programme will support efforts in *raions* (administrative units) showing higher rates of deprivation among children. In close consultation with the Government, and in collaboration with the Organisation for Security and Co-operation in Europe (OSCE) and United Nations agencies, assistance will be provided to children in Transnistria.

Relationship to national priorities and the UNDAF

22. Moldova priorities for 2005-2009 target poverty and vulnerability reduction alongside the acceleration of economic growth, the strengthening of public service delivery, the improvement of social-protection targeting, and improved monitoring systems. Much is being done with EU support through the EU Neighbourhood Policy. The UNDAF strongly supports these priorities and has planned outcomes in governance and participation, access to basic social services, and local and regional development. UNICEF will contribute to all the three outcomes, focusing on strategies to lift children out of poverty, and within the UNDAF, will lead in child protection, education, nutrition, and child-centred activities.

Relationship to international priorities

23. The programme will support Moldova in implementing the Millennium Declaration and the Millennium Development Goals, and in fulfilling its obligations under international agreements and treaties, especially the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, the Declaration of Commitment of the General Assembly Special Session on HIV/AIDS, and the conclusions of the Ljubljana Regional Consultation for the United Nations Study on Violence Against Children in Europe and Central Asia. Results are aligned with the Millennium Development Goals and the UNICEF medium-term strategic plan (MTSP) for 2006-2009.

Programme components

24. **Child protection**. Poverty and migration have contributed to the breakdown of the family structure, the large number of children deprived of parental care, and the high level of institutionalization. Violence against children and women and trafficking are major concerns. The legal framework has significant gaps and there is no regulation of community-based services such as foster care, day care centres,

family-type temporary placement centres and family support programmes. System capacity for, and legislation on, the prevention of violence needs to be greatly strengthened, as does punishment of perpetrators. Victims are unaware of complaint mechanisms, and procedures and specialized services remain limited. The juvenile justice legal and institutional framework has been improved, but professional capacities need to be further developed, and alternatives to deprivation of liberty mainstreamed into the administration of justice. The programme will enable the Government to manage and implement social protection reforms for excluded children, to improve levels and beneficiary-impacts of social budgets, as well as to develop and expand family support services at the community level.

25. In line with the MTSP objectives regarding violence, exploitation and abuse, this programme will support prevention strategies in the Government's social protection reforms that enable vulnerable children and families to access social services and benefits. This approach will contribute to (a) reducing the number of children deprived of parental care; (b) reducing placement in residential care; and (c) reintegrating institutionalized children into family care. The programme will also contribute to (a) building the Government's capacity to improve the legal framework and institutional response mechanisms for violence and abuse; (b) strengthening the juvenile justice system; (c) reducing by 50 per cent the length of pre-trial detention of children; and (d) ensuring 100-per-cent legal representation for all children deprived of liberty. The Government will be assisted with evidence-based research processes, and communication strategies will increase family knowledge and capacities.

26. The Ministry of Health and Social Protection will be supported in establishing a network of social workers as part of a sector-wide approach by all donors, with the participation of the World Bank, DFID, Sida and the EU. The Ministry of Education, Youth and Sports will be enabled to design and manage the residential care system reform supported by the EU and to strengthen the skills of child protection specialists. The programme will also contribute to strengthening the Government's capacity to coordinate the efforts of all national and international actors in social sector reform.

27. UNICEF will support the Government in improving the policy, legal and regulatory framework for the prohibition of violence against children. A special focus will be on enabling national and local authorities to detect, monitor, and report cases of violence against children, including trafficking, and to better equip law enforcement and social protection professionals to prevent, identify and respond to such cases. The Government's capacity will be enhanced to ensure that investigation procedures respect the rights of victims; that the administration of justice applies child-friendly procedures; and that specialized services are developed for the protection and recovery of child victims of violence.

28. Support will be given to the Government to reform juvenile justice in the areas of legislation, policy and institutional capacity-building. The capacity of professionals will be strengthened to implement the recently established national curriculum on children's rights, and to mainstream into the justice system alternatives to deprivation of liberty for children.

29. UNICEF regular resources will go towards making core technical local and international expertise available to the Government for the management and

implementation of reform; other resources will fund the majority of programme assistance.

30. This programme will continue to partner with the National Bar Association, NGOs, universities and media. It will work in synergy with the International Labour Organization (ILO) Programme on the Elimination of Child Labour and with the United Nations Development Programme (UNDP) initiatives on trafficking of human beings. The programme will also enhance national coordination and collaboration in child protection with the EU, OSCE, the World Bank, Sida, DFID, the United States Agency for International Development, and other donors and organizations.

31. **HIV/AIDS and vulnerable adolescents**. Moldova ranked third among Commonwealth of Independent States countries in 2004 for HIV incidence, which has increased, particularly among adolescents and young women. The situation calls for urgent information and other services.

32. In line with MTSP objectives on HIV/AIDS and children, the programme aims for the following results: (a) 80 per cent of the vulnerable adolescents and at least 30 per cent of the most-at-risk adolescents have access to information and services; and (b) all mothers and children who are HIV positive have access to treatment and care.

33. The programme will support the Ministry of Health and Social Protection unit implementing the Global Fund Grant and the World Bank-funded project to further strengthen Government capacity to prevent HIV/AIDS transmission among children and adolescents. The programme will also assist the Department of Youth in the Ministry of Education, Youth and Sports in (a) developing and updating the legal framework, in line with international and European standards; and (b) in developing an accreditation system for youth-friendly services; and (c) using peer-centred approaches to disseminate HIV/AIDS information to the most-at-risk adolescents. Strategies will be developed to promote outreach services for these adolescents. The participation of vulnerable and most-at-risk adolescents will be encouraged in decision-making and programme processes.

34. The prevention of mother-to-child transmission (PMTCT) will be supported through voluntary counselling and testing, referral services, antiretroviral treatment for pregnant women and children, and counselling of mothers who are HIV positive on young-child feeding options. The programme will enhance the capacity of the National AIDS Centre to coordinate assistance to children and women. Strategies will be tailored to benefit marginalized children and women not covered by social services, and to improve communication within communities to prevent stigmatization of women and children who are HIV positive.

35. Regular resources will fund technical assistance for existing initiatives facilitating exchanges of experiences and access to international expertise for standards-setting and skills development; other resources will fund other programme interventions.

36. HIV/AIDS calls for inter-sectoral approaches linking health, protection, and education services. UNICEF will partner with the United Nations Population Fund (UNFPA), the World Health Organization (WHO), the Global Fund and the World Bank to support projects targeting vulnerable and most-at-risk adolescents and children affected by HIV/AIDS and improving PMTCT services as part of the global

campaign "Unite for Children, Unite against AIDS". Partnership with Irish Aid will continue, and UNICEF will facilitate the strategic partnership between NGOs and Government authorities.

37. **Equitable access to quality services**. While a significant reduction has been made in infant and maternal mortality rates, over half of child deaths are still due to preventable causes. Micronutrient deficiencies among young children and women of reproductive age are problematic, and people living in poverty still have low access to primary health care. In education, the challenges are to improve pre-school access for underserved populations, reduce urban-rural disparities, and reverse school dropout in basic education. The programme will help to ensure equal opportunities for the excluded groups in health and education.

38. In line with selected MTSP results for young child survival and development and basic education and gender equality, the programme will aim for these results: (a) improved parenting skills of vulnerable families for better care-seeking, child injury prevention and early childhood stimulation; (b) a strengthened policy and regulatory framework covering health and micronutrient deficiencies; (c) revised concepts, regulations, and norms for pre-school education; and (d) appropriate policies and standards for inclusive and quality basic education to prepare pupils to acquire skills relevant to global labour markets.

39. The Mother and Child Health Services in the Ministry of Health and the Ministry of Education will be supported in the promotion of better parenting, using primary health care centres and kindergartens as entry points and targeting families and communities with communication interventions. The Ministry of Economy and Trade and Ministry of Agriculture, in partnerships with the private sector, will be supported to strengthen the policy and regulatory framework, improve monitoring and evaluation systems, and develop social marketing of micronutrient-fortified foods.

40. UNICEF will support the Ministry of Education in implementing its Consolidated Action Plan. The programme will complement the World Bank-funded Quality Rural Education project and Early Education and Development project, funded through the FTI mechanism, by identifying capacity gaps, providing technical expertise and building institutional capacity in child-friendly policies, standards for teacher training and inclusive and quality education. Existing normative frameworks and standards in early childhood education will be revised. *Raion* Education Departments will receive support to generate and analyse data on inequities and identify children excluded from mainstream education.

41. Regular resources will mainly be used to provide international expertise and technical support to the Government; most interventions will be funded from other resources.

42. UNICEF will partner with the EU, the World Bank, WHO and the United Nations Educational, Scientific and Cultural Organization (UNESCO), academia, professional associations and local public authorities. The partnership for eliminating micronutrient deficiencies, which includes the Ministry of Health and Social Protection, Ministry of Agriculture, Ministry of Economy and Trade, food producers, and salt importers, will be strengthened.

43. **Social policy and child rights**. Several indicators show that the Government's policy reforms and programmes to tackle poverty and exclusion are not benefiting

the most vulnerable. There is a need for improved understanding of how to implement and monitor re-distributive programmes so that economic growth can impact positively on excluded children. Development assistance in social sectors is increasingly delivered as budgetary support, and further investment in Government capacity is needed to ensure its effective utilization for children.

44. The programme aims for these results: (a) increased awareness of children's and women's rights and of the importance of investing in children and women among central and local authorities; (b) strengthened national capacity for participatory formulation, implementation and monitoring of socio-economic development plans; and (c) improved Government and CSO capacity to monitor and report on child rights.

45. The programme will seek synergy with UNDP, the World Bank and the Public Administration Reform Unit to ensure that issues regarding excluded children are well reflected in reform. It will also strengthen capacities of Parliament, the Ministry of Finance and the National Bureau of Statistics to generate knowledge for improving budgetary mechanisms and increasing allocation for excluded children. Together with the World Bank and European Commission, UNICEF will also support the Ministry of Health and Social Protection in adjusting the social cash benefit system and making it more efficient in assisting excluded children.

46. Support will be given to Parliament to oversee a children's rights ombudsperson function, and to the Government and civil society to report on child rights as required by the Convention on the Rights of the Child.

47. Together with UNDP and UNFPA, the programme will support, in selected *raions*, efforts to strengthen the engagement of communities, CSOs and media in development, including monitoring. In partnership with United Nations agencies, UNICEF will assist authorities in continually updating the Emergency Preparedness and Response Plan.

48. Major partners will include the National Office of Statistics, the National Council for Child Protection Rights, the Ministry of Economy and Trade, United Nations agencies, bilateral and multilateral donors, NGOs and CSOs.

49. **Cross-sectoral costs** will cover recurrent costs, programme salaries, planning and support staff, travel costs, logistics expenses, UNICEF website costs, and cross-sectoral advocacy campaigns.

Major partnerships

50. UNICEF work with the United Nations agencies through the UNDAF in several areas: (a) HIV/AIDS and adolescents and PMTCT with UNFPA, UNDP, WHO and the Joint United Nations Programme on HIV/AIDS; (b) child trafficking with ILO and complementing UNDP initiatives on trafficking in human beings; and (c) poverty reduction strategies and emergency preparedness with UNDP. UNICEF will strengthen its partnership with the World Bank in social sector reforms, quality education, scaling up the child-friendly school concept and prevention of HIV/AIDS and PMTCT. De-institutionalization activities will be developed with the EU, DFID and Sida. UNICEF will seek support from National Committees for UNICEF and from the private sector for children deprived of parental care, children affected by HIV/AIDS and other priorities. Collaboration with Parliament will be enhanced to

develop legislation protecting children's and women's rights. Other partners will include the Global Alliance for Vaccines and Immunization, Terre des Hommes, the International Organization for Migration, and international and national NGOs.

Monitoring, evaluation and programme management

51. Progress will be monitored through several indicators: (a) budget expenditures in social sectors; (b) the number of children in residential institutions; (c) the number of abused children receiving assistance; (d) the number of children deprived of their liberty; (e) the percentage of vulnerable adolescents who can name at least three behaviours to protect themselves against HIV/AIDS; (f) the proportion of poor inhabitants covered by the health insurance system; (g) the percentage of families having access to fortified flour products and iodized salt; and (h) the percentage of children enrolled in pre- and primary school.

52. The Moldova Demographic and Health Survey, budget household surveys, and routine statistics will be baselines. The Integrated Monitoring and Evaluation Plan will link to the UNDAF integrated monitoring plan. UNICEF will assist the national authorities in scaling up *DevInfo* for monitoring the Millennium Development Goals and the EGPRSP. Routine monitoring will include field trips, spot checks and audits as prescribed in the new United Nations modalities for cash transfer. Annual progress will be assessed through United Nations Joint Programme Reviews.

53. The Ministry of Foreign Affairs will be the main UNICEF counterpart for programme coordination. The country programme action plan and annual action plans will be developed and reviewed jointly with relevant Ministries. The work of thematic UNDAF steering committees will contribute to monitoring and evaluating progress.

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Draft country programme document**

Algeria

Summary

The draft country programme document for Algeria is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $5,410,000 from regular resources, subject to the availability of funds, and $2,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[a] *(2004, unless otherwise stated)*	
Child population (millions, under 18 years)	12.1
U5MR (per 1,000 live births)	40
Underweight (% moderate and severe)	10
Maternal mortality ratio (per 100,000 live births) (1999)	120
Primary school attendance (% net, male/female) (2000)	94/93
Primary schoolchildren reaching grade 5 (%)	97
Use of improved drinking water sources (%) (2002)	87
Adult HIV prevalence rate (%, end 2003)	0.1
Child work (%, children 5-14 years old)	
GNI per capita (US$)	2 280
One-year-olds immunized against DPT3 (%)	86
One-year-olds immunized against measles (%)	81

[a] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Algeria is a country in transition which has achieved a human development index in the medium range. In 2005, the population of Algeria was 32.6 million, with more than 12 million children under 18 years of age. The gross national income per capita is estimated at US$ 2,280. The incidence of general poverty dropped from 12 per cent in 2000 to 8 per cent in 2003. Unemployment and low income levels among certain population groups, particularly in the rural and peri-urban areas, are the immediate causes of poverty. Political stabilization, revitalized economic growth and improved security have had a positive effect on job creation and, as a result, unemployment fell from 27 per cent in 2001 to 15 per cent in 2005.

2. Despite a significantly improved economy, advances during the last few decades and marked achievements in the social sphere, residual problems continue to hinder the access of certain vulnerable groups, particularly women and children, to optimal health care, quality education and protection against all types of danger.

3. Neonatal mortality accounts for 73 per cent of infant deaths, bringing the infant mortality rate (IMR) for 2004 to 30.4 deaths per 1,000 live births. There were 20,000 neonatal deaths in 2004, 80 per cent of which occurred within 24 hours of birth as a result of infections, trauma during delivery or low birth weight. The IMR is higher in rural areas and among boys.

4. The downward trend in the IMR between 2000 and 2004 indicates that the goal of reducing the rate by two thirds may be achieved (17.8 per 1,000 live births). The predicted trend in under-five mortality rates (U5MR) is 27.7 per 1,000 live births, the target rate being 16.2. Data from the Ministry of Health indicates that 81 per cent of children were immunized against measles in 2004. Coverage could reach at least 98 per cent by 2015.

5. According to the Algerian Family Health Survey (EASF), 20 per cent of Algerian children under five are below normal height. The percentage is higher in rural areas (20 per cent) than in urban areas (18 per cent) and is higher among boys. Children in urban areas are breastfed for an average of 13.1 months, while those in rural areas are breastfed for an average of 12.7 months. The combined average is 12.8 months.

6. According to estimates provided by the Ministry of Health, the maternal mortality rate (MMR) dropped to 99.5 per 100,000 live births in 2004. The EASF indicates that 92 per cent of births are assisted. Ten per cent of female deaths between the ages of 15 and 49 are maternal deaths. The rates vary significantly, ranging from 23 per 100,000 in the *wilaya* (province) of Annaba to 230 per 100,000 in the southern *wilaya* of Adrar. It is still possible that the 2015 target for the reduction of maternal mortality may be achieved.

7. The HIV seroprevalence rate among adults is 0.1 per cent, and indicators show that the HIV epidemic is on the increase. Sentinel seroprevalence surveys indicate that nearly 4 per cent of the sex workers examined in 2004 tested seropositive for HIV. Rates vary according to the region; in 2004, the seroprevalence rate in Tamanrasset in the southernmost part of the country was estimated at 9 per cent, while the rate in Oran in the north was 1.7 per cent. A survey on drug users conducted in the northern *wilayas* indicates that 11 per cent of those surveyed in Algiers are infected with HIV. The prevalence of HIV among blood donors was 0.01 per cent in 2004. During the past 10 years, the average prevalence of HIV among women visiting prenatal clinics has also remained relatively low. The *wilaya* of Tamanrasset has the highest seropositive rate for pregnant women (0.9 per cent in 2000 and 0.7 per cent in 2004).

8. As regards universal access to primary school education, 96 per cent of six-year-old children attend school, 91 per cent of girls. Ninety-one per cent of children aged 6-15 are enrolled in school, and 37 per cent of children aged 15-18 attend secondary high school. The low enrolment rate at the end of the basic education cycle and poor scholastic achievement are due to an inadequate evaluation system, deficient teaching methods, the lack of a system for identifying children who are failing and little parental involvement in monitoring the learning process. Preschool enrolment rates remain low: only 0.5 to 3.8 per cent of children between the ages of 3 and 5 attend preschool.

9. A 2004 study on school violence conducted by the Ministry of Education in collaboration with UNICEF reveals that violence remains a part of children's daily lives. Corporal punishment is still used. Children and adolescents who are victims and perpetrators of violence have learning difficulties and often drop out. Studies show that adolescents are confused about their future and feel threatened by social scourges, particularly violence, drug addiction and, more recently, sexually transmitted diseases, especially HIV/AIDS. The violence takes many forms and is perpetrated by both adults and adolescents. Some of the violence and maladjustment is due to a lack of communication between children and the persons in their environment. Domestic and marital abuse account for two thirds of the instances of violence recorded.

10. A 2004 study on child labour conducted by the National Labour Institute in collaboration with the International Labour Organization revealed that 26 per cent of the children interviewed were working. In general, the children are employed by

their parents, with a higher percentage in rural areas. The study did not report any inhuman, degrading or extreme forms of child exploitation.

11. The second periodic report covering the period 1995-2000 was submitted to the Committee on the Rights of the Child in September 2005. The Committee recognized the progress achieved in the situation of children and the measures taken by the Government of Algeria, particularly with respect to the adoption of laws on the protection of the rights of the child. The Committee recommended that the Government should implement the Committee's observations and reconsider its reservations and declarations. It encouraged the authorities to enact legislation on a child protection code and to prepare a national action plan to implement the commitments undertaken at the special session of the General Assembly on children, at the local and regional levels.

Key results achieved and lessons learned from previous cooperation, 2002-2006

Key results achieved

12. The midterm review in 2004 and the successive annual reviews made it possible to assess the results achieved. The majority of the health goals in the 2002-2006 cooperation programme were attained. Immunization coverage of children under 5 reached record levels. The campaign to eradicate polio was maintained, and mass immunization against viral hepatitis was introduced. The capacities of the medical and paramedical staff working in the perinatal programme was strengthened. Information on high-risk pregnancy was made more available to women. Data on maternal and child health was provided by the Pan Arab Project for Family Health. The functions of the maternal and child health programme, and the neonatal programme in particular, were redefined.

13. More was learned about the preschool education situation, and a strategy to make preschool education available to all five-year-old children by 2008 was developed. The national capacities of staff involved in education were strengthened with respect to planning, evaluation and violence prevention. Concerted efforts were made to improve preschool facilities in 40 schools damaged by the earthquake in Boumerdès. National literacy campaigns were enhanced through the development of teaching and training material.

14. A study of 12,000 schoolchildren in 10 *wilayas* affected by terrorism provided data on the incidence of violence due to post-traumatic emotional disorders. More than 30,000 traumatized children from the 10 *wilayas* were treated by trained professionals. The capacities of legal protection professionals were strengthened. UNICEF contributed through advocacy and the provision of technical support to the development of a strategy for the rehabilitation and reintegration of street children.

15. The Convention on the Rights of the Child was disseminated to the public and civil society. Support was provided for the establishment of a network of associations working for children's rights. A cooperation agreement was signed with the national radio station. The international "Unite for Children, Unite against AIDS" campaign was launched and will continue to 2011. The National Committee against HIV/AIDS established a subcommittee on children. A *DevInfo* database was set up and integrated by the Government. Data on the Millennium Declaration, the Millennium Development Goals and the goals of the special session of the General

Assembly on children were made available. The capacities of national programme managers were strengthened in the area of results-based management.

16. The programme provided technical and material support as part of an emergency plan for the Bab-el-Oued flood victims (2002) and the Boumerdès earthquake victims (2003). An evaluation report on the *wilaya* of Boumerdès prepared by the UNICEF Regional Office shows the quality of the intervention. The programme met the needs of refugee children and women in the Tindouf camps with respect to health care, nutrition, education and literacy.

Lessons learned

17. The disparity reduction strategy was not based on identification of the most affected regions. The programmes were not adequately supported by outreach. The data generated by research studies were not sufficiently utilized. Inadequate monitoring and evaluation made it difficult to measure the progress achieved. Partnerships with civil society focused on supporting the capacities of non-governmental organizations rather than on achieving the programme objectives. Technical assistance was inadequate to meet the programme targets or the requirements of the Government with respect to strengthening the reforms initiated in these fields. Lastly, the strengthening of national capacities was incorporated into all the programmes without prior assessment of the needs of candidates for training. Joint programming within the United Nations system has contributed to a more accurate identification of the points of convergence and potential areas of cooperation among the agencies.

Country programme, 2007-2011

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Young child survival and development	1 220	750	1 970
Quality of education	1 220	750	1 970
Child and adolescent protection	1 220	1 000	2 220
Advocacy and partnership for the rights of children and adolescents	750	—	750
Cross-sectoral costs	1 000	—	1 000
Total	**5 410**	**2 500**	**7 910**

Preparation process

18. The country programme was prepared jointly with the national partners with the coordination of the Ministry of Foreign Affairs. It takes into account national priorities, the recommendations of the midterm and annual reviews, studies and research, the priorities of the UNICEF medium-term strategic plan for 2006-2009, the recommendations of the Committee on the Rights of the Child in 2005 and, more recently, the Common Country Assessment and the United Nations Development Assistance Framework (UNDAF), which defined four areas of

cooperation: (a) human development; (b) governance; (c) the environment; and (d) gender equality.

Goals, key results and strategies

19. The strategic result of the country programme of cooperation is defined as follows: by 2011, children and women will be able to enjoy their right to equal access to health-care services, education, protection and more sustained participation, by young people in particular, in their own development. This result is in line with the intended outcome of the UNDAF matrix for human development. The intermediate strategic results for 2006 to 2011 have therefore been defined as follows: (a) U5MR and the MMR will be reduced by 25 per cent; (b) children attending preschool will receive quality education and all children aged 6-15 will attend school and receive quality education; (c) children will enjoy their right to a safe environment and this right will be safeguarded by appropriate legislation and institutions that provide quality care and foster families trained to prevent and handle dangerous situations; (d) children and adolescents will enjoy their rights and will benefit from innovative policies.

20. Based on lessons learned from the previous programme, the provision of equipment will be reduced and will be provided primarily in priority target regions such as the south, the highlands and the Saharawi refugee camps. Capacity-building will continue to be a priority and will benefit from improved management in planning, implementation and evaluation. The disparity reduction strategy will be aimed at meeting the needs of priority regions. Social communication will serve as a support strategy for the programmes. Monitoring and evaluation will be improved so that achieved progress can be measured effectively. The partnership role of civil society will be strengthened with respect to the programme goals. The programme will promote the transfer of knowledge and high-level expertise.

Relationship to national priorities and UNDAF

21. The country programme of cooperation is guided by the national priorities and supports the Government in its efforts to reform justice, education, health and social welfare, in accordance with the UNDAF guidelines and development priorities. It will support the action taken by national institutions to prevent HIV/AIDS by enhancing public awareness and preventing mother-to-child transmission of HIV. The programme provides for the engagement of civil society as a partner in the management of programmes to protect women and children. Lastly, UNICEF will contribute to the development of a national plan of action to implement the recommendations of the special session of the General Assembly on children.

Relationship to international priorities

22. The Government has adopted the United Nations Millennium Declaration and is committed to achieving the Millennium Development Goals. The programme of cooperation aims to help the country reduce the mortality rate of children under five and maternal mortality, achieve universal access to quality education, prevent HIV/AIDS, ensure environmental sustainability and establish partnerships for development. The programme will integrate a gender perspective to ensure equality and equity. It is based on the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, the

outcome document of the special session of the General Assembly on children entitled "A world fit for children", the Beijing + 10 resolutions, the international resolutions on the fight against HIV/AIDS, and the guidelines and plans of the New Partnership for Africa's Development.

Programme components

23. **Young child survival and development.** The strategic result for 2011 is to reduce U5MR and MMR by 25 per cent. The programme will focus on reducing neonatal mortality rates and early neonatality rates in particular. The programme aims at two intended outcomes.

24. The first intended outcome concerns central government policies and strategic guidelines as well as programme capacities in the areas of management, monitoring and evaluation. It will support health-care facilities in priority target regions, particularly in the highlands and the south, with a view to providing quality maternal and child health care. This support will focus on: (a) the implementation of recommendations on the restructuring of the perinatal programme; (b) building the capacity of health-care personnel to provide maternal and child care during the prenatal period and during and after delivery; (c) strengthening continuous information system for monitoring pregnancy and maternal mortality; and (d) ensuring the sustainability and consolidation of achievements in the area of immunization, the prevention of dehydration, the treatment of severe respiratory infections and the prevention of the spread of the H5N1 virus (avian flu).

25. The second intended outcome is to provide parents, particularly mothers, with the knowledge they need to prevent dangerous situations which could affect the health and development of young children, pregnant women and mothers through: (a) the development of social communication strategies that support maternal health-care programmes (the promotion of prenatal and post-natal counselling, assisted childbirth, tetanus immunization and the prevention of the transmission of infections between mother and child and sexually transmitted diseases); (b) the development of a programme to educate parents about the integrated development of young children, taking into account both their physical health and psychosocial development (psychomotor, sensory motor, psychological, emotional and cognitive development).

26. **Quality education.** The strategic result anticipated is that by 2011 preschool children will receive quality education and that all children aged 6-15 will attend school and receive quality education. The programme includes two intended outcomes. The first is that preschool programmes will be developed based on high-quality norms and standards and teachers will be trained to provide stimulating education that enables the preschool child to learn and flourish. The result will be attained through:

(a) Quality technical assistance designed to help both central government and regional administrators develop strategic guidelines that meet the needs of young children;

(b) The development of education programmes;

(c) Capacity-building of educators and inspectors, with a view to providing quality education;

(d) The development of action research;

(e) The exchange of experiences through the organization of study trips in order to benefit from the lessons learned by other programmes.

27. The second intended outcome is that education personnel (principals, inspectors and teachers) will master modern teaching approaches and methods. This will be accomplished through: (a) technical assistance including high-level expertise in experimenting with new approaches to teaching and developing action research to assess the effectiveness of these approaches; (b) the training of teachers, inspectors and principals in implementing the new teaching approaches called for by the educational reforms and developing and managing "school projects"; (c) the strengthening and expansion of the "child-friendly schools" initiative by providing a selected number of schools with computer and recreational equipment, helping to train mediators to prevent and reduce violence in schools and raising the students' awareness of the environment and healthy behaviours (child rights, prevention of smoking, drug addiction and HIV/AIDS).

28. **Child protection.** The strategic result is that by 2011 children will benefit from their right to a safe environment through adequate national legislation and institutions that provide quality services. The programme has three intended outcomes.

29. The first intended outcome is that the protection system will be strengthened by: (a) bringing national laws into line with international laws; and (b) adopting new laws for children and promoting them among professionals and the public.

30. The second intended outcome is that social and legal protection programmes and institutions will be improved by: (a) building the capacities of professionals in the fields of legislation, child psychology, the treatment of children and communication with children; and (b) exchanging experiences with other countries regarding social and legal protection.

31. The third intended outcome is that knowledge of the situation of children with special needs will be enhanced through analyses, studies and research and to establish a permanent database. To the extent possible, the programme will meet the specific and urgent needs of refugee children in Algeria.

32. **Advocacy and partnership for child and adolescent rights.** The strategic result is that by 2011 children and adolescents will enjoy their rights and benefit from the outcomes of innovative "child-friendly" policies. The programme has three intended outcomes.

33. The first intended outcome is that by 2011 duty bearers will recognize and undertake to realize the rights of children and adolescents, while promoting their participation in the process. This outcome will be achieved through: (a) the analysis of the expectations and perceptions of adolescents regarding the ability of duty bearers to realize their rights; (b) support for the establishment of forums and structures that facilitate the participation of adolescents in the development and performance of civic activities; (c) the encouragement of adolescent participation in decision-making on policies and programmes which concern them; and (d) support for adolescent participation in the development of media programmes.

34. The second intended outcome is that innovative social policies which place children at the centre of national agendas will be developed through ongoing

advocacy with the national authorities to: (a) develop a national plan of action (2007-2011) to meet the commitments undertaken at the special session of the General Assembly on children; (b) implement and disseminate the observations of the Committee on the Rights of the Child; and (c) ratify the Optional Protocols to the Convention on the Rights of the Child.

35. The third intended outcome is that an information and monitoring system for child rights will be put in place through: (a) the establishment of mechanisms for data collection, study, research, documentation, information and training in the field of child rights; (b) the establishment of a high council for children, which will develop an integrated approach to child issues, consult on policies, programmes and laws and encourage the participation of civil society and other partners in national consultations; (c) the publication of a report on the situation of children to be presented annually to the Council of Ministers; and (d) the consolidation of *DevInfo* as a database and monitoring tool for the situation of children.

36. **Cross-sectoral costs.** The cross-sectoral costs will cover the management and support of the overall country programme, particularly with respect to programme planning and coordination. Operating costs such as staff and operating expenses related to supply, logistics, administration and finance will be included in this category.

Major partnerships

37. The Ministry of Foreign Affairs will be responsible for coordinating the country programme. United Nations agencies such as the United Nations Population Fund, the United Nations Development Programme and the United Nations Development Fund for Women will collaborate on a number of the projects. National organizations have agreed to support some local projects in the south and the highlands. The Swedish International Development Cooperation Agency will support the programmes for children and adolescents. Other donors and a number of UNICEF national committees will finance part of the cooperation programme. Civil society will play a major role in the achievement and promotion of the programme goals. Algerian National Radio, which has signed a cooperation agreement with UNICEF to promote the rights of the child and the prevention of HIV/AIDS, will play an important role in publicizing the programme.

Monitoring, evaluation and programme management

38. The UNDAF Integrated Monitoring and Evaluation Plan will be used to coordinate monitoring and evaluation activities on the basis of the selected indicators, particularly with regard to the Millennium Development Goals. The third Multiple Indicator Cluster Survey (MICS) will supply disaggregated basic data. Each programme will include a specific monitoring and evaluation plan to measure the results achieved. The basic data and other information systems will help to enhance advocacy. *DevInfo* will be strengthened as a tool to monitor the achievement of the Millennium Development Goals. A midterm review of UNDAF and the programme of cooperation will be organized in 2009.

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Executive Board
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Item 11 of the provisional agenda*

Draft country programme document**

Egypt

Summary

The draft country programme document for Egypt is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $13,195,000 from regular resources, subject to the availability of funds, and $31,805,000 in other resources, subject to the availability of specific purpose contributions, for the period 2007 to 2011.

* E/ICEF/2006/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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Basic data[1] *(2004 unless otherwise stated)*	
Child population (millions, under 18 years)	29.5
U5MR (per 1,000 live births)	36
Underweight (% moderate and severe, 2003)	9
Maternal mortality ratio (per 100,000 live births, 2000)	84
Primary school attendance (% net, male/female, 2003)	84/82
Primary school children reaching grade 5 (%, 2001/2002)	98
Use of improved drinking water sources (%, 2002)	98
Adult HIV prevalence rate (%, end 2003)	0.1
Child work (%, children 6-14 years old)	6
GNI per capita (US$)	1 130
One-year-olds immunized against DPT3 (%)	93
One-year-olds immunized against measles (%)	97

[1] More comprehensive country data on children and women are available at www.unicef.org.

The situation of children and women

1. Egypt's Human Development Index ranking increased by almost 50 per cent in the last three decades, moving it from the low to medium development group (120 out of 177 countries). However economic growth has not yet translated into sustainable improvement of Egyptians' well-being, and poverty persists. The Government has adopted several important measures aimed at accelerating economic growth, creating job opportunities and better focusing of social safety nets, particularly subsidy schemes. The year 2005 saw elections in Egypt and multi-candidate presidential elections were held for the first time.

2. Egypt has made significant progress towards achieving the Millennium Development Goals. As indicated in the 2004 country report, there is good probability that Goals 1, 4, 5 and 6 (poverty and hunger, child mortality, maternal health, malaria and other diseases) will be met by 2015. Data are insufficient to measure progress on Goal 6 (HIV/AIDS). There is potential, but not high probability, to meet Goals 2, 3, 7 and 8 (universal primary education, gender equality and empower women, environmental sustainability, a global partnership for development).

3. This progress is accompanied by persistent subnational disparities, particularly in Upper Egypt, where 25 million people (37 per cent of the population) reside. Between 1995 and 2000, poverty declined by 14 per cent at the national level but in rural Upper Egypt it actually increased by 17 per cent.

4. The Presidential Declaration of the Second Decade for the Protection and Welfare of the Egyptian Child (2000-2010) placed children at the forefront of the development agenda. This commitment contributed, inter alia, to a significant reduction of under-five mortality and a high level of primary education attainment.

5. The under-five mortality rate (U5MR) halved over the last decade, to 36 per 1,000 live births. Improved access to medical care during pregnancy and childbirth contributed to improving child survival. Recent studies indicate further improvement in the maternal mortality ratio since 2000 (68 per 100,000 live births in 2003). If these trends continue, Egypt will achieve the Millennium Development Goal of reducing U5MR by two thirds during the period 1990-2015 at national level. However, the situation in rural Upper Egypt remains a concern. There is widespread chronic malnutrition among young children and 18 per cent of children under five years are stunted. Some 78 per cent of the population consumes iodized salt, but disparities exist and five governorates are classified as high risk for iodine deficiency.

6. Immunization coverage is high, with 89 per cent of children aged 12-23 months fully immunized. Due to significant government efforts and support by international agencies, Egypt is no longer classified as polio-endemic. Use of improved water sources is almost universal, but the quality of potable water often does not meet international standards, particularly in remote rural and urban slum areas. The *Egypt Human Development Report 2005* cites sanitation as the "silent emergency" with serious consequences for children's development when combined with poverty and poor child-care practices. An estimated 20 per cent of yearly child mortality can be attributed to diarrhoeal diseases caused by poor sanitation facilities and practices.

7. Primary-school enrolment among boys and girls is 94 and 91 per cent respectively. Net school attendance rates are lower by around 10 per cent for both genders. Enrolment in the formal education system in parts of Upper Egypt lags behind the rest of the country, ranging from 96 and 95 per cent among boys and girls respectively in Aswan governorate to 77 and 75 per cent respectively in Sohag governorate. Economic pressures on families, the quality of learning and the school environment adversely affect achievement rates.

8. Adolescents — one fifth of the population — face considerable challenges in finding employment. This is aggravated by the quality of their education, which does not provide them with the necessary skills. There is a lack of proper information on age-specific issues and specialized services, which affect adolescents' ability to have a meaningful role in their society.

9. The Government prioritizes child protection, and national plans of action and programmes for at-risk children are in place, but abuse and violence continue in homes, schools and the streets. An estimated 8 per cent of children aged 6-14 years are child labourers and there are between 83,000 and 200,000 street children in Egyptian cities. Family breakdown and poverty are the root causes that push children to the streets. Children are also drawn to the streets where they can socialize and earn money. The prevalence of female genital mutilation and cutting (FGM/C) among girls aged 15-17 years has dropped to 77 per cent. The abandonment of FGM/C is a Government priority, and current surveys indicate a lack of intent to circumcise girls in communities.

10. The reported prevalence of AIDS is low, at 1,439 cases, and the estimated number of HIV-infected people is 12,000. However, the prevalence of hepatitis C is high and there is evidence of high-risk behaviours among street children, sex workers, injecting drug users and men having sex with men. Other factors that increase vulnerability to HIV include a rise in mobility, the high illiteracy rate, poverty and unemployment. The lack of a national strategic plan and the high level of stigma and discrimination pose challenges to existing surveillance and HIV testing, which may

result in a significant number of undetected cases and hinder access to limited services.

Key results and lessons learned from previous cooperation, 2002-2006

Key results achieved

11. UNICEF advocacy gradually resulted in the mainstreaming of quality components from the community school model, mostly in relation to systems development, teachers' education and the school curriculum. This comes at an opportune time with the start of a process to review the national standards for basic education. As a lead agency under the United Nations Girls' Education Initiative, UNICEF supported the National Council of Childhood and Motherhood in establishing 455 "girl-friendly" schools that reached 12,600 children, modelling initiatives that may be taken to scale.

12. There have been no reported cases of polio since mid-2004 and no positive environmental samples since January 2005. Communication and social mobilization activities contributed to raising mass awareness, and vaccines were provided for immunizing 11 million children per campaign. Egypt is close to eliminating maternal and neonatal tetanus (MNT), with the current incidence rate for neonatal tetanus well below one case per 1,000 live births (the cut-off point for elimination) in all high-risk districts. UNICEF is the sole supporter of the Ministry of Population and Health for MNT elimination.

13. There has been a notable increase in the level of public discourse, knowledge and willingness to address sensitive issues, which helped to "break the silence" of FGM/C and street children. Under the leadership of the National Council of Childhood and Motherhood, there has been progress in developing policy frameworks addressing child protection. The 1996 Child Law is under review for adoption by the Parliamentary Assembly, and a national strategy against child labour was launched in 2006. A National Plan of Action on Violence against Children has also been launched.

14. Using cost-efficient model initiatives, UNICEF has piloted work through youth centres to provide 3,000 adolescents with information on key social and health issues through a life-skills education programme. The foundation has been laid to initiate a national civic education programme for young people.

15. A film produced by UNICEF Egypt, *Rebellion of the Canes*, won the International Children's Day of Broadcasting Prize at the International Emmy Awards. *Sotna* ("Our Voice"), a pilot television programme for and by children, was launched to offer Egyptian children and adolescents a space for dialogue and discussion about their issues.

16. Through a joint United Nations programme, the Egyptian Network of Non-governmental Organizations (NGOs) against AIDS was established and is working with vulnerable populations. UNICEF is working with six multinational companies to strengthen the role of the private sector to implement workplace policies on HIV/AIDS, and to support the national response to HIV/AIDS as a business coalition.

17. UNICEF support helped to increase access to safe water to 95 per cent in six selected districts in three governorates of Upper Egypt. In addition, improved sanitation reached 82,000 people, and 270,000 people were reached with hygiene messages. Support for school sanitation and hygiene laid the foundation for expansion in the coming programme.

18. New partnerships were established with academic and research institutions, such as the Al Ahram Centre for Strategic Studies (on FGM/C), Al Azhar University (on the manual, *Children in Islam, Their Care, Protection and Development*) and the American University of Cairo (on violence against children). These partnerships serve as a platform of action for the next country programme cycle.

19. UNICEF maintained *DevInfo* with data on 140 indicators to monitor progress towards the Millennium Development Goals. UNICEF and two government institutions conducted a survey in the six least-developed districts of Upper Egypt and the resulting data were used in assessing progress and future planning.

Lessons learned

20. The mid-term review showed that the strategy of model development backed up by networking at the policy level worked well, leading to replication and expansion of approaches by the Government. Components of the community schools model have been replicated in conventional government schools, and activity-based learning is being used by the Ministry of Education as an approach for improving achievement rates. Secondly, a model for community monitoring of children at risk of abuse, exploitation and neglect and providing them with services has succeeded in securing national ownership and engaging the World Bank's Arab Urban Development Institute as a partner.

21. Providing services without appropriate mobilization and information-sharing at the community level produces limited results. Under-utilization of health and other services, rather than their availability, is the greatest constraint to improving the situation of Egyptian children. There is a need for increased investments in social mobilization and communication for behavioural change.

22. Although Egypt is close to virtual elimination of iodine deficiency, two factors have limited progress: (a) inadequate investment in strengthening the network between salt producers and other stakeholders, and (b) the high cost of social marketing campaigns. The social marketing campaigns in high-risk governorates need to be more cost-efficient to achieve wider coverage.

23. To maximize current gains for children, UNICEF must seek opportunities for greater collaboration with partners and joint programming with other United Nations agencies. In light of the United Nations Development Assistance Framework (UNDAF) priority on addressing disparities, a subnational field presence and partnerships at the governorate level are crucial for improving children's lives.

The country programme, 2007-2011

Summary budget table

Programme	(In thousands of United States dollars) Regular resources	Other resources	Total
Young child survival and development	2 654	8 600	11 254
Quality education	1 750	7 000	8 750
HIV/AIDS and adolescent development	1 850	5 450	7 300
Child protection	2 095	6 705	8 800
Social policy, advocacy and partnerships for children's rights	2 946	3 050	5 996
Cross-sectoral costs	1 900	1 000	2 900
Total	**13 195**	**31 805**	**45 000**

Preparation process

24. The UNDAF, which is in line with national priorities and supported by civil society partners, guides the country programme of cooperation between UNICEF and the Government of Egypt. A Joint Strategy Meeting, involving the Office of the Prime Minister, line ministries, donors and civil society, was held under the auspices of the United Nations Resident Coordinator's Office and the Ministry of Foreign Affairs. A series of consultations with partners contributed to the development of the programme. The country programme also takes into account the recommendations of the Committee on the Rights of the Child and of the mid-term review, the Common Country Assessment and the UNICEF medium-term strategic plan (MTSP) for 2006-2009.

Goals, key results and strategies

25. The overall goal of the country programme is to advance the protection and fulfilment of the rights of children, with a special focus on strengthening national capacities in terms of both performance and accountability, and reducing regional disparities, including gender disparities. The expected results will contribute to the national efforts to alleviate poverty outlined in the Government's national development plan and the UNDAF. Specifically, it will contribute to: (a) reduced young child mortality and morbidity and improved maternal health; (b) improved of children's developmental readiness to start primary school, and increased school retention and achievement rates; (c) effective legislative and enforcement systems that improve the response capacities of the Government and civil society to protect children at risk from violence, exploitation and abuse; (d) reduced risks and vulnerability to HIV/AIDS of most at-risk children and adolescents, and expanded access to care and support for people living with HIV/AIDS, orphans and other vulnerable children; (e) increased knowledge and skills of adolescents for their development and participation, within a supportive environment; (f) strengthened societal attitudes to further promote a culture of respect for women and protection of children among key stakeholders; and (g) increased resource allocations for children.

26. The programme will work to strengthen institutional capacities, responses and systems at national and subnational levels to increase the accountability, efficiency and effectiveness of programme management, strengthen quality assurance systems and promote community empowerment. Community capacities to seek information and make decisions that benefit children will be strengthened, raising demand for quality services. Service delivery will take place through piloting of innovative community-based initiatives in selected areas in Upper Egypt and in Cairo and Alexandria. An integrated approach will address the needs of children, families and communities. The geographic focus in Upper Egypt will be determined based on children's needs, convergence between programmes, potential impact, the commitment of local government and opportunities for joint programming.

27. Empowering families and communities through social mobilization and communication for behavioural change will be another core strategy. Families and communities will be provided with knowledge and skills for better care and protection of children. Efforts will also focus on the general population, at-risk groups, policy makers and opinion leaders.

28. Partnerships will be expanded to achieve lasting results, leverage resources and mainstream community initiatives. New partnerships will be sought with the private sector and influential leaders in Egyptian society. Joint programmes will be increased where there is added value.

29. The programme will also aim to improve knowledge networking and research that informs policy formulation and implementation, supports programme development, improves monitoring and influences public discourse on children and women.

Relationship to national priorities and the UNDAF

30. The goal and results of the country programme are within the UNDAF, which commits the United Nations to work towards: (a) strengthening state capacities, particularly to reduce exclusion, vulnerabilities and gender disparities; (b) addressing employment opportunities for the most vulnerable and curbing child labour; (c) reducing regional human development disparities; (d) strengthening the role and participation of women in the political and public spheres; and (e) promoting a culture of respect for human rights. Vulnerable groups, particularly children, women and youth, figure prominently in the UNDAF. The country programme is designed to facilitate the UNICEF contribution to the UNDAF outcomes as follows: all programmes will address institutional strengthening (outcome 1); delivery of basic services through innovative community-based initiatives in Upper Egypt (outcome 3); supporting efforts to curb child labour (outcome 2); addressing discrimination and violence against children (outcome 4); and enhancing the active participation of youth in public life across sectors (outcome 5).

Relationship to international priorities

31. The United Nations approach is guided by the Millennium Declaration and the Millennium Development Goals. The key to success will be addressing regional and gender disparities. The UNICEF country programme focuses on 16 of the 36 key result areas of the 2006-2009 MTSP.

Programme components

32. The country programme has adopted the life-cycle approach and is structured around three age groups: children under five years; school-age children (6-12 years); and adolescents/young people (13-18 years).

33. The **young child survival and development** programme aims to achieve the following results: (a) reduced malnutrition resulting from inappropriate breastfeeding and complementary feeding practices in identified intervention areas; (b) iodine deficiency disorders and vitamin A deficiency to be virtually eliminated, and iron-deficiency anaemia significantly reduced; (c) reduced disparities and improved routine immunization in low-performing areas; (d) increased access in targeted areas of Upper Egypt to the Integrated Management of Childhood Illness (IMCI) Plus package, including improved community and family practices and perinatal services; (e) improved access to early childhood development (ECD) services; and (f) reduced frequency of water-borne diseases or illnesses resulting from poor sanitation in semi-urban slums and targeted rural communities.

34. Technical and policy support will be provided for the prevention and control of micronutrient deficiencies. The development and implementation of national policy and guidelines on infant and young child feeding will be supported, as will strengthening the skills of outreach workers in appropriate care and feeding practices. Selected communities in Upper Egypt will be provided with knowledge and skills for better neonatal and child-care practices including improved sanitation and hygiene practices.

35. The country programme will support the Ministry of Health and Population in improving the quality of immunization services, thus reducing disparities in routine immunization for vaccine-preventable diseases; strengthening the community component of IMCI; and capacity-building in health service delivery and management, focusing on young child and maternal health care. Contributions by the private sector to health will be pursued to ensure that standard policies and practices are implemented. These efforts will be complemented by central-level advocacy on water quality. The country programme will support the Ministry of Housing to undertake studies and research geared to influence policy. UNICEF will work closely with the World Food Programme (WFP) on sanitation and the United Nations Centre for Human Settlements (Habitat) on slum upgrading.

36. The country programme will support research related to achieving the health-related Millennium Development Goals, and will assist in building and disseminating knowledge on children's health and nutritional status. Data-driven and evidence-based advocacy will be undertaken to address the core issue of disparity and to ensure that high-impact health and nutrition interventions are provided in disadvantaged governorates.

37. Working under the leadership of the Ministry of Health and Population, partnerships will be sought with the Paediatric Society, Medical Syndicate, the private sector, water and sanitation authorities and NGOs. UNICEF and WFP will work with Ministry of Health and Population and the National Nutrition Institute to monitor and implement legislation and a strategy for iron fortification to combat anaemia, vitamin A supplementation and salt iodization. The programme will also support the World Health Organization and the Ministry of Health and Population to strengthen routine immunization.

38. The **quality education** programme aims to achieve the following results: (a) improved educational quality, with a special emphasis on teaching methods and the learning environment, (b) narrowed gender disparities and increased school retention and completion rates, (c) decreased use of corporal punishment; and (d) improved hygiene and sanitation facilities in select primary schools.

39. The country programme will support the Ministry of Education and partners in increasing retention and completion rates by addressing three aspects of quality learning: teaching methods; the school environment; and sanitation and hygiene. The review and update of the Basic Education Standards is vital. UNICEF will provide technical assistance in the areas of strategic planning, national standards and application tools for early childhood and basic education, with a focus on teaching methods, the learning environment, community participation and strengthening schools' decision-making and management processes.

40. UNICEF will continue supporting community initiatives in Upper Egypt, including promoting and building capacities for activity-based learning in conventional schools. The Girls' Education Initiative led by the National Council of Childhood and Motherhood will be supported by enhancing the quality of teaching and learning processes, providing school feeding through WFP, and establishing a school environment supportive of girls' development. It will continue as a joint programme with six agencies.

41. The issue of young children's developmental readiness to start school needs to be addressed. UNICEF will work with the Ministry of Education, the United Nations Educational, Scientific and Cultural Organization (UNESCO) and other partners to establish standards for ECD, building capacities and developing monitoring tools.

42. The **HIV/AIDS and adolescent development** programme aims to achieve the following results: (a) improved knowledge, skills and services for adolescents to reduce their vulnerability to HIV/AIDS and encourage healthy lifestyles, (b) national policies and cross-sectoral plans for HIV/AIDS and adolescent development formulated and implemented; (c) a strengthened information base on the situation of adolescents in relation to health, education, HIV/AIDS and participation; (d) increased action by the media, opinion leaders and the private sector to advocate for the rights of adolescents, fight stigma and discrimination and promote care and support for children and families affected by HIV/AIDS; and (e) increased participation by young people in community development and public life.

43. The programme will support both the National AIDS Programme, under the Ministry of Health and Population, in developing and implementing a multisectoral national strategic plan on HIV/AIDS, and the National Council of Youth in formulating and implementing a multisectoral national youth policy. UNICEF will work on closing the gaps in institutional and human capacities within government and civil society, including the private sector, and facilitating partnerships across sectors.

44. The country programme will support life-skills peer education and counselling for adolescents and at-risk children to enable them to make informed decisions, avoid risky behaviours and protect themselves from HIV infection. Their understanding of gender equality and human rights will be improved. Young people's participation in community development and public life will be enhanced through a national civic education programme and through youth centres, where young people implement youth-led initiatives in their respective communities. Services for the care and support

for people living with HIV/AIDS and vulnerable children, including street children, will be a focus. This includes strengthening support groups and emphasizing the quality of HIV/AIDS services.

45. Social mobilization and communication will help to build commitment to adolescents' rights, youth participation and the national response to HIV/AIDS, including fighting stigma. This will include multimedia programmes for and by adolescents, and mobilizing policy makers, opinion leaders and the private sector to address HIV/AIDS and other issues concerning young people. The *Unite for Children, Unite against AIDS* campaign will continue throughout the programme cycle, highlighting the impact of the pandemic on children and adolescents and mobilizing resources.

46. The country programme will emphasize evidence-based planning and impact assessment to include: (a) an updated national survey on young people that focuses on health, education, HIV/AIDS, youth participation and media to guide relevant policies and programmes; and (b) behavioural surveillance surveys among street children to monitor trends, update the national assessment and assess HIV/AIDS service quality and utilization.

47. The **child protection** programme aims to achieve the following results: (a) a data and monitoring system on key child protection indicators related to child labour, street children and violence against children developed; (b) improved national systems for monitoring, identification and referral for children at risk and in need of protection; (c) increased capacity of stakeholders, the Government, communities and NGOs to strengthen detection and referral mechanisms and service delivery; and (d) reduced stigmatization by society and increased public response and dialogue on concerns of children at risk, with an emphasis on violence against children. UNICEF will continue to support the National Council of Childhood and Motherhood as it leads national child protection efforts.

48. The programme will support the development of systems for data collection, assessment, monitoring and evaluation of key child protection indicators to monitor abuse and violence against children, and to guide advocacy and policy campaigns. UNICEF will provide technical support for the development and implementation of policies and mechanisms to protect children at risk in line with the Child Law. This will be complemented by building the capacities of local service providers to detect child abuse, exploitation and violence and provide referrals, and empowering communities to play a central role in protecting children. To reduce stigmatization, initiatives will be designed to raise awareness of violence, abuse and exploitation of children, in particular in schools and the streets, and of FGM/C and sexual exploitation. The programme will continue to support integrated community initiatives covering these areas. Work will focus in Upper Egypt, and in Cairo and Alexandria.

49. The **social policy, advocacy and partnerships for children's rights** programme aims to bring about positive changes in Egypt's political, economic and social environment to benefit children. It is designed to have: (a) increased availability of strategic information for monitoring progress on the Millennium Development Goals and Millennium Declaration, documenting child poverty and analysing factors that threaten or violate children's rights; and (b) informed appropriate policies, social sector plans and budgets. UNICEF will support policy makers to monitor and evaluate development activities, identify policy options related to social safety nets for

children, and improve capacities for budgetary analysis and increases in the social sector budget for children, especially in disadvantaged areas.

50. Advocacy will be geared towards increasing public awareness of children's issues and developing and strengthening partnerships to benefit children and their families. Ties to religious leaders, parliamentarians, the private sector and other influential bodies and organizations will be expanded to ensure that the situation of children remain a prime focus of public attention. The capacities of the mass media will be strengthened to increase reporting on children's issues, and a focused effort will be initiated to make children's voices heard.

51. The behavioural communication component will focus on empowering families and communities, improving family health practices in rural communities, raising young people's awareness of HIV/AIDS, stopping FGM/C and increasing public perceptions of women's rights. Approaches will include household and community education, community participation, partnerships for achieving larger-scale change and increasing public awareness of children's issues. Work will continue towards increasing the skills of government, NGOs and other civil society partners to undertake behavioural communication interventions and research on children.

52. **Emergency preparedness** in the event of a humanitarian crisis or a natural disaster is addressed in all programmes, and UNICEF, as a member of the United Nations Country Team, will support the Government to strengthen its disaster preparedness mechanisms. Interventions, including those to combat avian influenza, will be designed in line with the Core Commitments for Children in emergencies.

53. **Cross-sectoral costs** cover key programme and operations staff, and the cost of establishing a joint United Nations sub-office in Upper Egypt.

Major partnerships

54. UNICEF will continue to participate in joint programmes on: (a) the Girl's Education Initiative, with the United Nations Development Programme (UNDP), UNESCO, the United Nations Population Fund (UNFPA) and WFP; (b) community schools, with WFP; (c) micronutrients, with WFP; (d) upgrading of slums, with UNDP, UNFPA and Habitat; (e) *DevInfo*, with all United Nations partners; (f) supporting the Egyptian Network of NGOs against AIDS, with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNDP; and (g) private sector partnerships for the national response to HIV/AIDS, with UNAIDS, the United Nations Office on Drugs and Crime, the International labour Organization, CARE and six private companies. UNICEF will also participate in the UNAIDS Implementation Support Plan.

55. NGOs and community-based organizations are important partners in Upper Egypt. Strategic alliances will be formed with the private sector, media, public relations companies, salt producers, influential leaders within the society, religious and academic leaders, research institutions, Egypt's Social Fund for Development, the World Bank and bilateral donors.

Monitoring, evaluation and programme management

56. The Government will lead monitoring of national progress towards the Millennium Development Goals through *DevInfo*. A joint United Nations programme will facilitate the transfer of the software to the Government and help to build national capacities to monitor indicators.

57. The Integrated Monitoring and Evaluation Plan will be used to monitor key studies and evaluations across the country programme. Programme management will be reviewed with the National Council of Childhood and Motherhood and key government partners. UNICEF will be part of the UNDAF review process with United Nations and national partners.

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Executive Board
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Item 11 of the provisional agenda*

Draft country programme document**

Iraq

Summary

The draft country programme document for Iraq is presented to the Executive Board for discussion and comments. The Board is requested to approve the aggregate indicative budget of $8,436,000 from regular resources, subject to the availability of funds, and $300,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2007 to 2010.

* E/ICEF/2005/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8/Rev.1), the present document will be revised and posted on the UNICEF website in October 2006, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2007.

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[illegible]
Child population (millions, under 18 years)	[illegible]
U5MR (per 1,000 live births)	[illegible]
Underweight (%, moderate and severe, 2006)	[illegible]
Maternal mortality ratio (per 100,000 live births, 1989-1999)	[illegible]
Primary school attendance (% net, male/female, 2000)	[illegible]
Primary schoolchildren reaching grade 5 (%, 2000)	[illegible]
Use of improved drinking water sources (%, 2002)	[illegible]
Adult HIV prevalence rate (%, end 2003)	[illegible]
Child work (%, 5-14 years old)	[illegible]
GNI per capita (US$)	[illegible]
One-year-olds immunized against DPT3 (%)	[illegible]
One-year-olds immunized against measles (%)	[illegible]

[illegible] More comprehensive country data on children and women are available at www.unicef.org.

[illegible] Range ($826 to $3,255).

The situation of children and women

1. Most Iraqis look to the future with optimism, although they are ever mindful of the dramatic transition they are enduring. The country has seen significant political changes: the first direct parliamentary elections in 50 years, the election of a Transitional National Assembly, the formation of a new Government and the drafting of a national constitution, which was accepted in a popular referendum in October 2005. The second parliamentary elections were held in mid-December 2005 for what should be the first four-year term of a constitutionally-elected national administration. However, socio-economic conditions have deteriorated, with unabated violence, pervasive insecurity and the collapse of law and order. Many children and women have been affected, notably those killed as part of the estimated 30,000 civilian casualties reported since the 2003 war. Economically, Iraq should be much better off. Despite their country's oil wealth, Iraqis remain burdened with debt (estimated by the International Monetary Fund at $121 billion), poverty and unemployment. A 2003 survey revealed that only 44 per cent of Iraqis aged 15 years and older were economically active, with a striking gender imbalance (14 per cent females and 74 per cent males).

2. Between 1989 and 2003, the infant mortality rate (IMR) and under-five mortality rate (U5MR) in south/central Iraq increased from 47 to 102 per 1,000 live births and from 56 to 125 per 1,000 live births, respectively. In the three northern governorates, however, IMR and U5MR declined over the same period, from 64 to 50 per 1,000 live births, and from 80 to 72 per 1,000 live births, respectively. The 2004 Iraq Living Conditions Survey (ILCS) reported much lower mortality data, but these are contested by the Ministry of Health. The major reported causes of child deaths were diarrhoeal diseases and acute respiratory infections (ARI), exacerbated by undernutrition and low birth weight. The ILCS showed the highest incidence of diarrhoea among infants, with inadequate feeding practices and the widespread use of infant formula as contributing factors. The ILCS also found high rates of ARI, particularly in urban areas and among infants (20 per cent were affected). The

confirmation of avian influenza in Iraq in 2006 has already triggered a concerted response to contain the disease.

3. In 2005, routine immunization coverage was sustained at around 75 per cent, the country's polio-free status was maintained, and there were dramatic reductions in reported cases of measles (from 9,181 in 2004 to 820 in 2005) and mumps (from 15,132 in 2004 to 2,161 in 2005). A joint World Food Programme (WFP)/UNICEF food security and vulnerability survey (2005) indicated that wasting (9 per cent) and underweight (15 per cent) in children aged 6-59 months had increased since the 2004 ILCS. An earlier WFP survey on food security undertaken in 2003 (excluding three northern governorates) revealed that 11 per cent of households were extremely poor and 43 per cent were poor, and that 36 per cent of children between one and five years living in extremely poor households were chronically malnourished (against a national average of 28 per cent).

4. The maternal mortality ratio (MMR) increased from 117 to 290 per 100,000 live births between 1989 and 2003. Some 24 per cent of maternal deaths occurred during pregnancy and 61 per cent soon after delivery, and nearly two thirds of deliveries took place outside health institutions. Most of the 1,700 public hospitals or health centres are not adequately equipped for essential and emergency obstetric care. Poor birth outcomes result from inadequate referral, maternal anaemia, low birth weight, short intervals between births and early marriage.

5. A 2003-2004 survey indicated that 4.3 million of the country's 4.9 million primary-school-aged children were enrolled in school (56 per cent boys and 44 per cent girls), and that 74 per cent of out-of-school children were girls, 21 per cent of whom had never enrolled. Extrapolating from the survey, 1 million children will fail to complete primary school and 2 million will not enrol in secondary school. Gender gaps, low transition rates from primary to intermediate level, uneven geographic access to schooling (worse in the south/centre) and destruction or deterioration of the educational infrastructure all need to be addressed if Iraq is to meet its Education for All and Millennium Development Goal targets.

6. The ILCS indicated that only 54 per cent of Iraqi households had access to safe water. There are constant interruptions in water supply due to power outages. Some 36 per cent of households do not have adequate toilet facilities. Sewage collection and treatment facilities are severely limited in cities and towns; 80 per cent of Baghdad inhabitants have access, but this figure drops to only 9 per cent for the rest of the urban population. Pools of exposed sewage are common sights and 71 per cent of urban respondents report sewerage problems. Half of all waste water is discharged directly into natural waterways. Damaged sewer lines and deteriorated water networks lead to contamination, posing public health and environmental risks.

7. Current laws and institutions are inadequate for the protection and rehabilitation of child victims of violence, abuse and exploitation, and those without primary caregivers. There is insufficient awareness of child protection issues. Sample surveys indicate rising numbers of working children, and of children who are living or working on the streets and who are involved in substance abuse or violence. The breakdown of law and order, the local gang culture, organized crime and the ready availability of weapons are contributing factors. The currently low reported prevalence rate of HIV is expected to rise and the need for more data to support focused interventions, e.g., for the most at-risk adolescents, is urgent. Household poverty has prompted an increase in the number of children abandoning

school and seeking jobs. Many girls and women have been kidnapped and/or raped, resulting in their restricted movement and reluctance of families to send girls to school. Opportunities for children and young people to participate in promoting their own well-being and decision-making are minimal. A 2004 study by the Ministry of Labour and Social Affairs found that anxiety was a major psychosocial concern, the majority of children having been exposed to elements of war. Most parents and guardians are themselves traumatized and unable to provide adequate emotional care for their children. The new constitution does not comprehensively address issues affecting children and women, although it does assure that a minimum 25 per cent of members of Parliament must be women. Advocacy is continuing to address these issues in the 62 legislative acts that will give effect to the constitution.

Key results and lessons learned from previous cooperation, 2005-2006

Key results achieved

8. Adapting to these many challenges, UNICEF developed flexible and innovative operational modalities to be able to operate in and for Iraq, thus ensuring implementation of a substantial programme of assistance. An annual throughput of over $100 million has ensured a high profile for UNICEF with the Government, the United Nations Country Team (UNCT) and other partners, and helped to place children's and women's issues high on the agenda of all partners.

9. UNICEF supported efforts by the Ministry of Health to sustain basic health and nutrition services, notably in immunization, the control of diarrhoeal diseases and ARI, reaching 4.5 million children under five years of age and 1 million pregnant or lactating women and preventing outbreaks of major diseases. The availability and use of oral rehydration salts and essential drugs in primary health care (PHC) were sustained, and capacities for better case management were strengthened. Advocacy continued with the Ministries of Health and of Trade for 100 per cent fortification of wheat flour with iron and folic acid, with UNICEF providing equipment and supporting capacity-building. A national HIV/AIDS strategic plan was formulated.

10. Access to quality education improved. Some 127 schools were rehabilitated, including the construction of additional classrooms to alleviate overcrowding. Essential learning materials were provided to 4.5 million primary-level students. This support sustained children's enrolment, motivation and participation in education. In-service training on child-centred teaching and learning methodologies was initiated by the Ministry of Education with support from UNICEF, benefiting 17,000 primary-school teachers. UNICEF helped the Ministry to further refine the Education Management Information System, thereby providing more timely gender- and geographically-disaggregated data. Effective UNICEF advocacy and capacity-building with senior education officials contributed to greater ownership by the Ministry of an early childhood stimulation and learning (ECSL) initiative, enabling the development and launch of a contemporary, community-based ECSL programme. A pilot accelerated learning programme (ALP) provides an alternative for out-of-school children and adolescents, especially girls. More than 15,000

students to date have been enrolled in the ALP in 10 governorates, with the involvement of 1,000 teachers.

11. Progress in improving water and sanitation services helped to avert outbreaks of water-borne diseases, with 142 completed projects throughout Iraq providing enhanced access to safe water for 2.2 million people and improved sanitation for 500,000 people. A strengthened sanitation infrastructure led to improved neighbourhood environments and reduced pollution entering rivers. UNICEF supplied most of the water treatment chemicals required in 2005 and contributed to the timely response to several humanitarian crises. Increased capacity-building efforts involving the training of 440 staff from the Government and non-governmental organizations (NGOs) on key issues will enhance the sustainability of interventions.

12. Child protection activities promoted the development of a more protective environment for Iraqi children. UNICEF supported pilot projects for de-institutionalization and re-integration that gave a new perspective to the needs of children deprived of caregivers. Government staff were trained and successful child protection models were replicated to support the development of quality community-based protective social systems. Capacity-building for the Ministries of Labour and Social Affairs and of Health culminated in the establishment of a Social Research and Training Centre within the former in 2005. Provision of supplies for vocational training centres and institutions for disabled children broadened the UNICEF response.

13. Emergency preparedness and response have remained priorities, especially as localized humanitarian crises arising from insurgency and counter-insurgency operations required prompt and focused interventions. Applying its Core Commitments for Children in Emergencies (CCCs), UNICEF contributed to collective emergency responses by the Iraqi Government, the UNCT and NGOs, especially in the areas of water and sanitation, health, education and child protection.

14. The midterm review (MTR) of the 2005-2006 country programme, completed in December 2005, confirmed that the programme was on course and that no substantive changes were required. A third Multiple Indicator Cluster Survey that is expected to be completed by mid-2006 will help to verify and update critical data. UNICEF also supported capacity-building in the Ministry of Planning and Development Cooperation and other ministries for designing effective and relevant social development policies.

Lessons learned

15. Since the 2003 war, despite rampant insecurity inside Iraq that has resulted in the absence of international staff and restricted movement of national staff, UNICEF has been able to deliver a substantial country programme through adapted approaches, effectively responding to emergencies and implementing reconstruction and development activities. Innovative procedures for contracting, delivery and monitoring of supplies ensured minimal exposure of staff and safeguarded the integrity of these processes. For example, 125 well-qualified Iraqi experts, monitors and technicians were contracted to support implementation and ensure regular monitoring and feedback. The resulting operational efficiency, coordinated from a

neighbouring country, represents experience relevant to other countries facing similar challenges.

16. The coordinated United Nations programme for Iraq is derived from an agreed United Nations Development Assistance Strategy (UNDAS) that is based on a common needs assessment (which included the World Bank) and is being operationalized through the cluster approach. This approach has enhanced the efficiency and effectiveness of the UNCT and avoided duplication. Increasingly, the larger and more operational agencies have coordinated their work. UNICEF plays a strong leadership role within the UNCT as coordinator of two clusters and deputy coordinator of another. This experience has proven the ability of the UNCT to work effectively, in the context of United Nations reform, without a formalized Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) and in the face of exceptionally harsh conditions. It also enabled a rapid inter-agency response to avian influenza.

17. Recognizing the potential merit of a convergent, community-based approach to achieve improved local services, even amidst gross insecurity, UNICEF initiated an integrated basic services project in September 2005. The programme focused on communities surrounding 100 schools and was developed jointly with United Nations and other partners through the cluster system. It is already demonstrating the validity of the approach and will be evaluated during late 2006, offering lessons for future programming.

The country programme, 2007-2010

Summary budget table

(In thousands of United States dollars)

Programme	Regular resources	Other resources	Total
Survival, growth and early development	800	15 000	15 800
Quality learning and development	800	105 000	105 800
Water, environmental sanitation and hygiene	800	100 000	100 800
Child protection and participation	436	15 000	15 436
Policy, advocacy, partnerships and communication	2 200	15 000	17 200
Cross-sectoral costs	3 100	30 000	33 100
Total	**8 436**	**300 000**	**308 436**

Preparation process

18. Due to insecurity, the new country programme was prepared mainly from Amman, but with extensive participation of key government partners, other United Nations agencies, the donor community and NGOs. There was interaction with all stakeholders, involving an in-depth review of achievements, constraints, lessons learned and directions for future collaboration. A joint MTR, held in December 2005 with broad participation including colleagues from UNICEF headquarters and the Regional Office, refined several lessons learned and recommended priorities for the next country programme. The draft country programme was presented at a joint

strategy meeting in February. It emphasizes effective convergence of critical inter- and cross-sectoral interventions, strengthening of human rights and community-based approaches to programming, promotion of gender equity and nurturing the capacities of the nascent Iraqi civil society.

19. The country programme takes into account Iraq's situation with regard to the Millennium Declaration and Development Goals and the support that UNICEF can provide to accelerate progress towards their attainment; the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women; the UNICEF medium-term strategic plan and CCCs; and Iraq's National Development Strategy, new constitution and emerging national policies and priorities.

Goal, key results and strategies

20. The overall goal of the country programme is to continue to catalyse the promotion and protection of the rights of Iraqi children and women and to enhance their survival, development, protection and participation.

21. The key results will be: (a) incorporation of the provisions of both the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women in the national constitution and related legislation; (b) increased access and quality of health services, leading to reductions in mortality and malnutrition rates; (c) increased immunization coverage; (d) increased rates of school enrolment, retention and completion and reduced gender disparities, at primary and intermediate levels; (e) improved quality of education and levels of learning; (f) increased access to potable water and safe sanitation and enhancement of personal hygiene practices; (g) rapid and effective responses to emergencies, including natural emergencies such as avian influenza; (h) the development of a protective environment for children and young people, including access to information on HIV/AIDS prevention and management; and (i) provision of more opportunities for the participation of children's and young people in decision-making.

22. The main strategies will be: (a) technical, financial and material support for improved delivery of quality basic services, including some rehabilitation where needed; (b) maintaining security and emergency preparedness and response capacities; (c) focused reduction of gender and geographical disparities, via convergent community-based programming approaches; (d) ensuring gender-responsiveness in all programming; (e) capacity-building for enhancement of national data systems and policy development; (f) advocacy for rights-based, holistic and intersectoral programming for children and women, and for the development of policies, programmes and legal frameworks that promote children's and women's rights; (g) programme communication and media interaction; and (h) advocacy and capacity-building within the UNCT for more integrated programming. In light of the relatively large proportion of other resources planned for the country programme relative to regular resources, the latter will be used strategically for the most critical programme components, including fund-raising for sufficient other resources.

Relationship to national priorities and the UNDAF

23. The country programme will complement national development priorities and support the work of the UNCT within the prevailing security and political environment. Emerging government priorities and policies provide the framework for UNICEF interventions, which will in turn contribute to their further development.

24. The principles for developing a CCA/UNDAF have been applied during the preparation of the joint needs assessment and UNDAS. The previous and current UNICEF country programmes derive from and contribute to the evolution of joint United Nations programming. During the 2007-2010 programme cycle, the programmes and cycles of the United Nations agencies should be progressively harmonized, so that by the expected termination of the United Nations Assistance Mission for Iraq, a joint programme of cooperation will have been established between the United Nations and the Government of Iraq.

Relationship to international priorities

25. The country programme will support Iraq's reconstruction and development, a priority for Iraq, the region and the international community. It will support Iraq's progress towards the Millennium Development Goals — reducing poverty and malnutrition, ensuring enhanced primary and intermediate education, promoting gender equality, reducing child and maternal mortality, combating HIV/AIDS, increasing access to safe water and promoting partnership for children's and women's development. It will articulate the priorities of the UNICEF MTSP, support the realization of an "Iraq Fit for Children" and build partnerships for children's and women's rights.

Programme components

26. The **survival, growth and early development** programme comprises projects on maternal, infant and child survival and health, maternal and child nutrition, HIV/AIDS, early childhood development (ECD), and programme promotion and support. The expected key results include: (a) enhanced health and nutrition services in selected programme areas with increased access and improved quality; (b) enhanced safe motherhood practices in the same areas, including antenatal care and emergency obstetric care, contributing to a reduction in MMR of at least 10 per cent; (c) sustained immunization "plus" coverage of 90 per cent to 80 per cent of districts, linked with control of diarrhoeal diseases and ARI, resulting in at least 10-per-cent reductions in incidence of these diseases and sustained polio-free status; (d) all pregnant women have access to voluntary counselling, care and testing for HIV, 80 per cent of HIV-positive women and children receive anti-retroviral treatment and all young people have access to information on HIV prevention and user-friendly services; (e) strengthened convergence of health and nutrition activities, and improved correlation with other sectoral interventions; (f) expanded interventions to address low birth weight, wasting, stunting and micronutrient deficiencies, reducing these by at least 10 per cent from 2006 levels; (g) increased capacities of the Ministry of Health for policy development and programme management; (h) optimal infant and young child feeding and care practices, including an extended Baby Friendly Hospital Initiative to promote breastfeeding at the community and household levels; (i) strengthened support for more effective

cent of the population; (c) demonstrated effectiveness of the convergent community-based integrated basic services approach, especially involving women and youth; (d) improved management of water and sewerage systems; (e) policy and legislative reforms supporting decentralization; (f) enhanced monitoring of water quality; and (g) improved hygiene practices at the community level through relevant behavioural change.

31. Strategically, the programme will support: (a) rehabilitation, expansion and increased efficiency of water and sanitation infrastructures, and emergency response; (b) rejuvenating systematic operation and maintenance; (c) capacity-building for monitoring of water quality; (d) promoting community-based approaches with the participation of young people and women; (e) enhancing solid waste management at both national and community levels; (f) advocacy for decentralized management, policy development and institutional and legal reforms; (g) public-private partnerships, with equitable tariff setting; and (h) piloting alternative technology. Key partners include the Ministry of Municipalities and Public Works, the Mayoralty of Baghdad, NGOs and CBOs. As coordinator of the UNCT infrastructure rehabilitation cluster, UNICEF will continue to provide leadership for inter-agency collaboration and support donor coordination.

32. The **child protection and participation** programme comprises projects on community-based social services; protective legal reform; child rights monitoring and participation; gender mainstreaming; and programme promotion and support. The expected key results include: (a) social integration of children in need of special protection; (b) strengthened national policies; (c) protective legislative reform, based on international norms; (d) establishment and institutionalization of national and governorate child-rights monitoring mechanisms; (e) reduction in the number of unexploded ordinance incidents; (f) increased number of children receiving school- and community-based psychosocial care; and (g) the impact of violence on children will be minimized.

33. These results will be achieved through policy and programme development; strengthening institutional frameworks and systems; advocacy with key stakeholders; supporting community initiatives; strategic partnerships with civil society; focused service delivery; capacity-building, including exposure of key functionaries to contemporary thinking and practices in other countries; greater engagement of schoolchildren with service providers and caregivers; support to youth groups; and development of peer support and leadership initiatives. Major partners include the Ministries of Labour and Social Affairs, of Youth and Sports, of Women and of the Interior (including the Police), the Child Welfare Commission, the judiciary, the private sector, professional associations, tertiary education institutions and civil society. As a prominent member of the United Nations cluster on governance, UNICEF will promote close partnerships with other United Nations agencies. UNICEF will also engage in the sector working group on the rule of law.

34. The **policy, advocacy, partnerships and communication** programme, which will provide cross-cutting support to the other programmes, comprises projects on social policy analysis and development; monitoring, evaluation and operations research; programme communication; and building partnerships and alliances. The key results will be: (a) the human rights-based approach to programming will be instilled in national planning and programming; (b) an information and knowledge base for routine reporting on children and women's concerns will be developed;

Data issues for social development will be promoted, based on human rights conventions and standards; (d) sustained and accelerated progress towards the Millennium Development Goals, including the leveraging of sufficient resources; (e) enhanced capacities of technical and managerial staff, caregivers and young people to develop communication for behavioural change; and (f) an expanded database for social mobilization.

35. Strategies will include: (a) promoting the incorporation of children's and women's rights in national and sectoral policies and programmes; (b) strengthening capacities in the rights-based approach to programming; (c) supporting operations research for strengthened advocacy and policy dialogue for increased budget allocations; (d) capacity-building at national and subnational levels for the production and dissemination of reliable and timely data, disaggregated by gender, age and governorate, using *DevInfo*; (e) building capacities of PHC workers and community educators; (f) establishing mechanisms for greater community participation, especially via the establishment and expansion of child- and youth-friendly services and enhanced participation of children and young people in decision-making; (g) developing partnerships with religious groups, traditional leaders, teachers, artists and civil society; (h) equipping families and young people with basic knowledge and skills in healthy life-styles; (i) establishing effective linkages with the media; and (j) developing quality and culturally-relevant communication resources. Major partners include the Human Development Department and the Central Organization for Statistics and Information Technology of the Ministry of Planning and Development Cooperation, NGOs, CBOs, donors, the media and other United Nations agencies.

36. **Cross-sectoral costs** will cover staffing, information and communication technology security, warehousing and logistics.

Major partnerships

37. The country programme will be implemented in collaboration with concerned government ministries, other United Nations agencies, the World Bank, donors, NGOs, children and young people and other partners. UNICEF will promote a national partnership for Iraqi children, including national and international media.

Monitoring, evaluation and programme management

38. Monitoring and evaluation will be a joint responsibility of UNICEF and concerned ministries. UNICEF will monitor the progress and results of the country programme through an Integrated Monitoring and Evaluation Plan. Periodic evaluations will be conducted to assess the relevance, effectiveness and sustainability of programme components. Regular progress reviews between UNICEF, line ministries and other partners, as well as annual reviews and the MTR, will improve focus and efficiency. A new Common Needs Assessment, including an analysis of the situation of children and women, will be undertaken in 2008 for the joint MTR that will involve all United Nations agencies, after which a joint country programme should be feasible. While insecurity persists, UNICEF will continue to use contracted services and monitors inside Iraq to conduct field visits, supply assessments (especially during crises) and programme monitoring and feedback. Innovative remote programming modalities will be further strengthened, until

UNICEF national and international staff can revert to their normal functions in Iraq. UNICEF will work closely with the Iraqi Red Crescent Society during crises.

39. The Iraq Support Centre in Amman will oversee three field offices inside Iraq: in Baghdad, to promote policy interaction with national Ministries; in Erbil, to interact with the northern governorates; and in Basrah, to interact with southern governorates. The activities of all offices will be closely coordinated, and wherever possible, pursued via common United Nations premises and services.